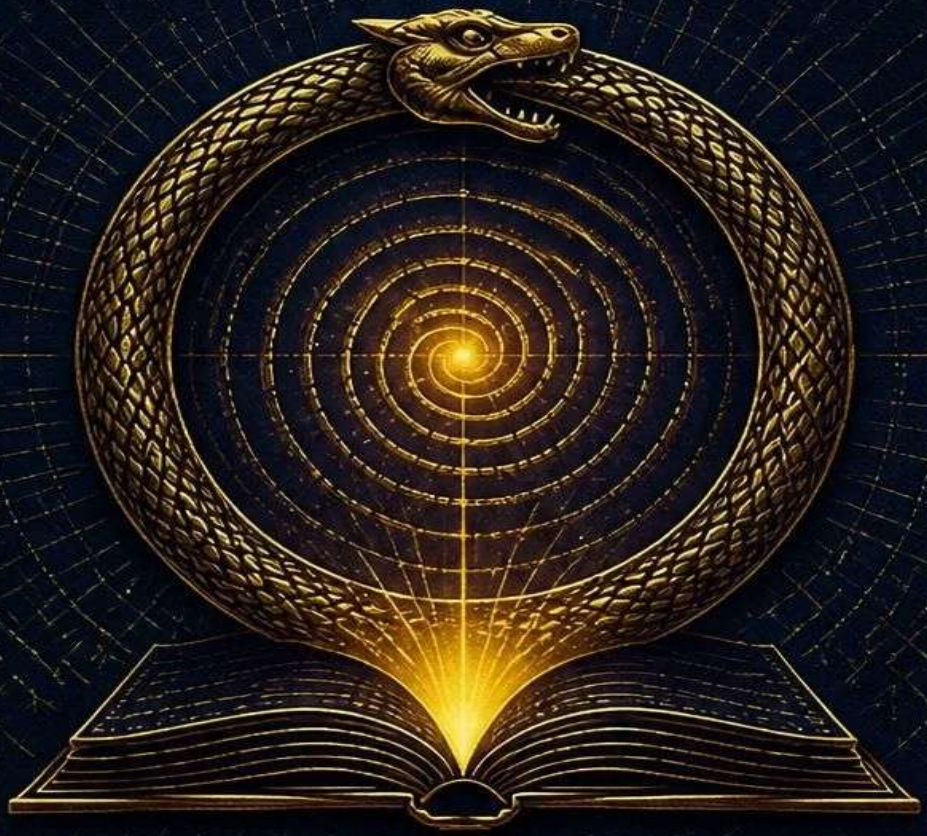
THE BIBLE OF HYPNOSIS



ANONYMOUS DONOR

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[The Bible of Hypnosis - By The Anonymous Donor]

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Chapter 1: What Is Hypnosis, Really?

The Word That Misleads Everyone

The word "hypnosis" comes from the Greek word *hypnos*, meaning sleep. From the moment people hear that word, they imagine someone slumped in a chair, eyes closed, mind blank, completely under the control of a hypnotist waving a pocket watch. But the hypnotic state is not sleep. It never has been.

When James Braid, the Scottish surgeon generally credited with coining the term "hypnosis" in 1841, named the state after the Greek god of sleep, he was describing what hypnosis looked like from the outside. To an observer, someone in deep hypnosis could appear to be asleep. But the subjective experience of the person in hypnosis is something altogether different: heightened focus, narrowed attention, deep internal awareness, and a receptive openness to suggestion that is far more active than any sleeping mind.

This single misunderstanding -- equating hypnosis with sleep -- has shaped nearly every misconception that surrounds the practice. It is the root from which all the myths grow.

Hypnosis is Happening Right Now

Hypnosis is not an exotic or rare phenomenon. It is a natural state of mind that every human being experiences regularly, though most do not recognize it as such. You have been hypnotized many times.

Think about the last time you were so absorbed in a book, movie, or piece of music that you lost track of time. You were fully conscious. You could have opened your eyes or stood up at any moment. But your attention was so completely focused that the world outside your focus seemed to fade away. That was hypnosis.

Think about driving a familiar route and arriving at your destination without remembering the last few miles. Your conscious mind was thinking about something else -- a conversation, a worry, a plan -- while your unconscious mind handled steering, braking, and turning without effort. You were in a hypnotic-like state of focused absorption.

Think about the moment just before you fall asleep, when your thoughts drift freely and images pass through your mind unbidden. That is the hypnagogic state. Think about waking up and feeling groggy, half-aware, your thoughts still slipping between realms. That is the hypnopompic state. Both of these borderline states are hypnotic states.

Every day, all over the world, people fall into hypnosis. They fall into it when they daydream, when they get lost in conversation, when they cry at a sad moment or laugh so hard that time seems to warp. Hypnosis is not something special or unusual. It is something ordinary and universal. It is one of the fundamental ways the human mind operates.

The Conscious and Unconscious Mind

To understand what hypnosis is, you need to understand the mind it works on. Nearly every hypnotist and hypnotherapist begins with the same basic framework: every person has a conscious mind and an unconscious (or subconscious) mind.

The conscious mind is what you are aware of right now. It is the part of you that is reading these words, understanding their meaning, and deciding whether what you are reading makes sense. The conscious mind is logical, analytical, linear, and limited. It operates in the here and now. It can hold only a small amount of information at once. It thinks in terms of cause and effect. It is the part of you that knows your name, where you are, and what time it is.

The unconscious mind is everything else. It regulates your heartbeat, your breathing, your digestion. It stores every memory, every feeling, every experience you have ever had. It manages your habits, your habits of movement, your habits of thought. It is the part of you that knows how to walk without thinking about which muscles to contract. It is vast, powerful, and largely outside your direct awareness.

Both minds are always working. Even when you read these words, your unconscious mind is processing your breathing, regulating your body temperature, recalling words you have read in the past, and making connections between ideas. The conscious mind is the tip of the iceberg, visible, but only a fraction of the whole.

Hypnosis works by creating a pathway between these two minds. When you are hypnotized, your conscious mind relaxes its grip on tight focus, and your unconscious mind becomes more accessible. Ideas, images, and suggestions can pass directly to the unconscious, where they are received and processed without the usual conscious filtering.

James Braid and the Focused Mind

James Braid's contribution to our understanding of hypnosis was revolutionary. He observed that when his subjects stared fixedly at a bright object, they entered a state of intense mental concentration. They became absorbed in a single idea or image, indifferent to everything else around them.

Braid defined hypnosis as "the induction of a habit of abstraction or mental concentration, in which the powers of the mind are so much engrossed with a single idea or train of thought as, for the nonce, to render the individual unconscious of, or indifferently conscious to, all other ideas, impressions, or trains of thought."

In other words, hypnosis is the state in which your attention narrows and locks onto one thing, and everything else fades away. This is not a unique or magical state. It is an extension of a normal human capacity. When you put all your attention on one thing, other things naturally fall away. When you focus your mind on a single idea, you become indifferent to competing ideas.

This narrowing of attention is the core of hypnotic experience in every setting. Whether someone is in a therapy room, on a stage, or simply daydreaming at their desk, the fundamental mechanism is the same: attention is focused, and the rest of the world recedes.

Milton Erickson: A State of Special Awareness

Milton Erickson, perhaps the most influential hypnotist of the twentieth century, offered a different definition. He described hypnosis as "a state of special awareness characterized by receptiveness to ideas."

Notice that Erickson emphasized awareness, not unconsciousness. He emphasized receptiveness, not suggestion by an external authority. In Erickson's view, hypnosis is a state in which the mind is open to new information and new ways of thinking. The subject is not passive but receptive, not asleep but alert in a different way.

Erickson spent over sixty years experimenting with hypnosis, testing its boundaries, and discovering its uses. By the later years of his career, he could induce trance through ordinary conversation, without ever saying the word "hypnosis." His patients would slip into altered states while discussing everyday topics, because his words, his pacing, and his attention to subtle cues naturally guided their minds into focused absorption.

Erickson's key insight was that the unconscious mind is the dominant creative force in a person. The conscious mind is logical and limited; the unconscious mind is intuitive, vast, and capable of instant change. When you give someone access to their unconscious, when you create a state in which their unconscious mind can assume more responsibility, you unlock remarkable abilities.

Dave Elman: Bypassing the Critical Faculty

Dave Elman offered one of the most widely quoted definitions of hypnosis: "Hypnosis is a state of mind in which the critical faculty of the human is bypassed, and selective thinking established."

What is the critical faculty? It is the part of your conscious mind that judges, evaluates, and decides what is real and what is not. It is your internal gatekeeper. When you read a news headline, the critical faculty asks, "Is this true?" When someone offers you an idea, the critical faculty asks, "Does this make sense?" When you see a red traffic light, the critical faculty says, "Stop." When you look at a mop and think it is a person you are in love with, the critical faculty says, "No, that is a mop."

Under normal waking conditions, the critical faculty is always working. It filters incoming information, evaluates it against known facts, and decides what to accept. This is useful for daily life, but it is also a barrier. If you want to change a habitual behavior, adopt a new belief, or access a deep well of creativity, the critical faculty may reject the new idea before it sinks in. This is why many people hear affirmations and feel they are "not true." Their critical faculty simply rejects them.

Hypnosis bypasses this critical faculty. This does not mean the critical faculty disappears. It means it becomes less active, less attentive, less dominant. When the critical faculty is relaxed, ideas can pass directly to the unconscious mind, where they are accepted and acted upon without judgment. This is what Elman called selective thinking, the mind locking onto one idea or a set of related ideas and processing them without interference.

Elman proved, through thousands of subjects and hundreds of techniques, that hypnosis does not require hours of preparation. With the right approach, the critical faculty can be bypassed in seconds. He developed rapid inductions that could place a subject in trance almost instantly, by creating a momentary overload of attention that forced the critical faculty to step aside.

Three Core Elements of Hypnosis

If you take everything that the major figures in hypnosis, Braid, Erickson, Elman, and many others, have said about hypnosis and distill it to its essential components, three key elements emerge.

1. Focused Attention

Hypnosis always involves a narrowing of attention. In deep hypnosis, the subject's focus may be so narrow that they ignore external sounds, feel no pain, or lose track of time. In light hypnosis, the focus is still narrower than normal waking awareness, perhaps directed at the hypnotist's voice, at an internal image, or at a physical sensation.

But focused attention alone does not create hypnosis. You can focus intensely on a crossword puzzle or a spreadsheet and not be in hypnosis, because those activities engage the critical faculty. The kind of focused attention that characterizes hypnosis is different: it is absorbed, fluid, and receptive rather than analytical and effortful.

2. Bypassing the Critical Faculty

At some level, the normal filtering and judging process of the conscious mind must be relaxed. Without this relaxation of the critical faculty, suggestions are evaluated and potentially rejected before they reach the unconscious mind. The bypassing can be slight, as in a conversational trance, or deep, as in a somnambulistic state, but some degree of critical faculty suspension is present in genuine hypnosis.

3. Heightened Suggestibility

When attention is focused and the critical faculty is relaxed, the mind becomes receptive to suggestion. Suggestion does not mean command. It means that ideas, images, sensations, and memories are received more easily and acted upon more readily than under normal waking conditions. A suggestion to feel warmth in the hands may produce actual warmth. A suggestion to remember a forgotten event may bring the memory clearly into awareness. A suggestion to feel confident and capable may produce a measurable shift in posture, tone of voice, and self-perception.

The Myths of Hollywood Hypnosis

The cultural image of hypnosis was shaped largely by entertainment, stage shows, novels, and later film and television. The Hollywood version of hypnosis is powerful for popularization but deeply misleading.

Myth 1: The hypnotist has magical powers. In reality, the hypnotist is a guide, a facilitator, someone trained in directing attention and delivering suggestions. The hypnotist has no special mental or supernatural abilities.

Myth 2: The subject gives up control. Under hypnosis, the subject remains in control. They can hear everything the hypnotist says. They can reject any suggestion that does not fit their values. They cannot be made to do something they would not normally do.

Myth 3: The subject might get stuck in hypnosis. This is impossible. The only way someone could appear "stuck" is if they enjoy the relaxed state so much that they prefer to stay there, but the moment something demanding their attention occurs (a fire alarm, a loved one calling their name), they will emerge naturally. You cannot get stuck in hypnosis any more than you can get stuck in daydreaming.

Myth 4: The subject might reveal secrets or do something embarrassing. Most hypnotists agree that people in hypnosis will not reveal a secret or act in a way that conflicts with their personal values. The idea that a hypnotist can force a reluctant subject to cluck like a chicken requires a subject who is willing to go along with the suggestion, which most stage hypnosis volunteers are.

Myth 5: You can't be hypnotized if you try not to. While strong resistance can make hypnosis more difficult, nearly every person can be hypnotized to some degree. The willingness to experience the state matters more than blind compliance.

The Brain Under Hypnosis

Modern brain imaging has begun to reveal what happens to the brain during hypnosis. Functional MRI and PET scans show that certain areas of the brain change their activity patterns dramatically.

When a person is hypnotized and given a suggestion that something painful is happening to their hand, the pain-processing regions of the brain light up even though nothing physical is touching the hand. The brain cannot distinguish between the suggested pain and real pain.

When hypnotized subjects are told they will see a black-and-white image while looking at a full-color photograph, the color-processing regions of the brain go dormant while the monochrome-processing regions become highly active. The hypnotized mind is constructing its own reality.

During hypnosis, the default mode network, the brain system associated with self-referential thought and mind-wandering, shows altered connectivity. The dorsal anterior cingulate cortex, which is involved in attention control, shows increased activity. These findings align precisely with the classical description of hypnosis as a state of highly focused attention with reduced peripheral awareness and heightened receptivity to suggestion.

All Hypnosis is Self-Hypnosis

One of the most important principles in hypnosis is this: all hypnosis is self-hypnosis. The hypnotist does not hypnotize the subject. The hypnotist provides the conditions, focused attention, relaxed critical faculty, clear suggestions, and the subject's own mind does the work.

When you are hypnotized, you are following the hypnotist's directions, yes, but the deep relaxation, the altered perception, the vivid imagery, the physical changes, these all come from within you. The hypnotist is a facilitator, a guide, a helper. The subject is the one who actually does the hypnotizing.

This principle has a profound practical implication: if you want to be hypnotized, you already have everything you need. The ability is built into your mind. The only thing that can prevent you from entering hypnosis is fear, lack of trust, or unwillingness. Want the experience, and the experience will come.

Hypnosis Is Not Sleep, But It Looks Like It

To an observer, someone in hypnosis may appear to be asleep. Their eyes may be closed. Their body may be still. Their breathing may be slow and deep. But inside, the mind is highly active.

Neurological studies confirm this. The brain of a hypnotized subject looks very different from the brain of a sleeping subject. Electrical activity patterns are closer to waking than to deep sleep. The subject can respond to the hypnotist's voice, recall information, perform complex actions, and form new memories.

The confusion between hypnosis and sleep dates back to Braid's original naming of the state. Even after Braid himself realized that hypnosis was not sleep, the name had stuck. The confusion persists because the external appearance is misleading. But anyone who has experienced hypnosis knows that the internal experience is that of deep focus and heightened awareness, not unconsciousness.

Everyday Hypnosis

You experience hypnosis every day without knowing it. Here are some common examples:

Road hypnosis. You drive home from work and arrive without remembering the journey. Your conscious mind was engaged in thought, and your unconscious mind handled the driving automatically. This is a form of self-hypnosis, focused attention on a mental task with automatic performance of a physical skill.

Immersive reading. You read a novel and feel real emotions for the characters. You forget the room you are sitting in. You feel the cold described on the page. This is hypnosis, the mind accepting suggested reality and responding to it as if it were real.

The flow state. Athletes, musicians, and creators often describe entering a state where time disappears, effort becomes effortless, and performance is extraordinary. This "flow" state is essentially hypnosis, extreme focused attention, bypassing of the critical self-evaluating faculty, and deep immersion in the task at hand.

Pain relief. When someone breaks a bone in an accident, they may not feel pain until after their heart starts beating again. The mind suppresses pain when it seems more relevant to attend to other things. This shows that pain is not just a physical signal; it is a perceptual experience shaped by the mind.

Placebo effect. A patient takes a sugar pill because they believe it is real medicine, and their symptoms improve. Their conscious mind accepted the suggestion of healing, and their unconscious mind responded accordingly. This is hypnosis in action, suggestion producing real physiological change.

Children daydreaming. Children are masters of hypnosis. They play imaginary games, talk to invisible friends, and create elaborate worlds out of cardboard boxes. Their critical faculty is naturally less rigid than that of adults, making them highly suggestible and highly capable of imaginative absorption.

A Working Definition

After thousands of years of observation, centuries of scientific study, and decades of practical application, we can offer this definition of hypnosis: **Hypnosis is a state of focused attention in which the critical faculty is relaxed and the mind becomes receptive to suggestion, allowing the unconscious mind to process ideas, produce perceptions, and trigger responses that may differ from normal waking experience.** This definition captures the essential elements without getting bogged down in debates about whether hypnosis is a "state" or a "process," whether it is "real" or "imagined," whether it is "unique" or "ordinary." Hypnosis exists as a phenomenon, whether or not we can precisely measure it. The mind exists as a model we use to understand experience. Hypnosis is one of the models we use to understand certain experiences of the mind. None of that makes it less real or less useful.

Hypnosis Is Not Therapy

It is important to note that hypnosis itself is not a therapy. It is a tool. A hammer is not a house. A scalpel is not surgery. Hypnosis is a state of mind that can be used for many purposes: relaxation, learning, creativity, performance, pain relief, behavior change, memory retrieval, and more. How well hypnosis works for any given purpose depends on the skill of the hypnotist, the readiness of the subject, and the clarity of the suggestions. Hypnotherapy is the use of hypnosis for therapeutic purposes. Therapy is the application of hypnosis to help a person achieve a specific goal, quitting smoking, overcoming a fear, reducing chronic pain, improving confidence. Hypnosis is the vehicle; therapy is the destination.

What Hypnosis Enables

When someone is hypnotized, their mind becomes capable of things it may not normally be capable of, or at least less capable of doing with effort. In hypnosis, some of these possibilities include:

- Perceiving things that are not there (hallucinations) or not perceiving things that are there (analgesia, anesthesia, hallucinated numbness)
- Experiencing time as expanded or contracted
- Recalling events from the past with clarity (regression) or forgetting events that occurred (amnesia)
- Feeling sensations that are suggested but not externally generated (ideosensory experiences)
- Moving body parts without conscious effort (ideomotor movement, catalepsy)
- Making strong emotional connections to memories or imagined events
- Perceiving the world through the senses of an imagined person or animal (identity alterations)
- Processing information unconsciously while the conscious mind focuses elsewhere

Each person hypnotized may experience different things. The depth and quality of response varies from person to person and from session to session. The only constant is the underlying mechanism: focused attention, relaxed critical faculty, heightened receptivity.

The Role of Expectation

Expectation matters enormously in hypnosis. If a person believes that hypnosis will work, that it is a useful and pleasant experience, and that they are safe with the hypnotist, they will respond far more readily than someone who is doubtful, anxious, or resistant.

This is why the pre-induction conversation, often called the pretalk, is so important. In the pretalk, the hypnotist educates the subject about what hypnosis is, removes fears, builds trust, and heightens expectancy. The pretalk sets the stage for hypnosis before the induction even begins.

A subject's belief does not create hypnosis out of nothing. But it creates the optimal conditions for hypnosis to occur. Without expectancy, hypnosis can still happen, but it may take longer, require more skill from the hypnotist, or produce shallower results.

The Subject's Role

Hypnosis is a cooperative process. The hypnotist cannot force someone into hypnosis any more than a teacher can force learning. The subject must participate. They must follow directions, relax their critical faculty, and engage their imagination.

Some subjects respond quickly and deeply. Others respond slowly or shallowly. Some subjects resist consciously but respond unconsciously anyway. Some subjects resist so strongly that hypnosis is nearly impossible without first building rapport and trust. None of these variations mean that hypnosis is unreliable or mysterious. They simply reflect the fact that hypnosis works on human minds, and human minds vary in their responses.

The subject's willingness is the single most important variable. If someone wants to be hypnotized and trusts the hypnotist, hypnosis will happen. If someone does not want to be hypnotized, hypnosis may not happen at all, or may happen only partially.

The person is always in control. They can accept or reject suggestions. They can deepen the trance or lighten it. They can end it at any time by opening their eyes or simply deciding to return to full waking awareness. They cannot be forced to do anything that would be damaging to themselves. They cannot be forced to do anything that conflicts with their values. They cannot be made to reveal secrets they do not wish to reveal. These are not promises made by hypnotists to reassure reluctant subjects. They are facts demonstrated repeatedly through centuries of practice.

Reality Is Plastic

One of the most striking things about hypnosis is its demonstration that reality is plastic, that the mind can construct its own version of reality, and that this constructed reality can produce real physical, emotional, and behavioral effects.

When a hypnotized person's skin is marked with a lipstick (in a different location on the body), and then they are given a suggestion that a cigarette burn is being placed there, a real wheal and flare reaction appears at the suggested location. The mind created the reality of a burn, and the body responded as if a real burn had occurred.

When a subject is told that a weightless rope feels heavy and pulls their arm upward, the arm rises. The unconscious mind, receiving the suggestion uncritically, produces a real movement. The muscles contract. The arm lifts. This is not magic. It is the mind using the body exactly as it always uses the body, the only difference being that in hypnosis, the direction for movement comes from a suggestion rather than from a conscious decision.

This plasticity of reality is the foundation of all hypnotic work. When the unconscious mind accepts a suggestion that a person is confident, that phobia disappears. When the unconscious mind accepts a suggestion that an arm is heavy and will float upward, it floats upward. When the unconscious mind accepts a suggestion of warmth spreading through the body, warmth spreads. The mind believes what it is told, and the body obeys.

The Critical Factor Is Not the Enemy

Some people worry about the critical faculty being "bypassed," as if it were a protective barrier that needs to be torn down. In fact, the critical faculty is not the enemy. It performs an important function. Without it, we would accept every idea, suggestion, and perception without question. We would be walking through life at the mercy of every passing thought.

The critical faculty is like a security guard at a building. It decides what gets in and what stays out. Under normal conditions, this is exactly what we want. But occasionally, we want to let in a very specific delivery, a new belief, a changed perception, a creative insight, without the security guard asking too many questions. Hypnosis temporarily relaxes the guard's scrutiny, letting the delivery through.

After the hypnosis session, the critical faculty resumes its normal vigilance. But changes can come from within: the unconscious mind has received new information, processed it, and integrated it into the person's patterns of thought and behavior. The guard no longer needs to be relaxed because the new belief is already inside.

A State, Not a Place

Hypnosis is not a place you go. It is not a realm of the mind with gates and walls. It is a state, a shift in how the mind operates, a change in the quality of attention and the degree of critical filtering.

Like waking, light sleep, deep sleep, and dreaming, hypnosis is a variation in brain activity and mental focus. Unlike sleep, however, hypnosis is characterized by heightened awareness rather than diminished awareness. You know what is happening. You can recall what happened. You are participating, even if the participation is largely unconscious.

Hypnosis is not all-or-nothing. It is a continuum. You can be slightly hypnotized or deeply hypnotized. You can be in hypnosis for ten seconds or for an hour. You can shift from light hypnosis to deep hypnosis and back again. You can be in hypnosis with your eyes open or closed. You can be in hypnosis standing up or sitting down. The form takes many shapes; the essence is always the same.

The Naturalness of Hypnosis

Because hypnosis is a natural state, it is not artificial or forced. When you relax and focus, hypnosis happens automatically. The more relaxed you are, the more focused your attention, the more your critical faculty relaxes, the deeper the hypnotic experience naturally unfolds.

Many people are surprised to learn that they have been hypnotized many times without realizing it. The daily experiences of absorption, daydreaming, flow, and immersive perception are all instances of the same underlying process. Hypnosis is not a departure from normal mind functioning. It is a heightened, focused, directed version of normal mind functioning.

You do not need to believe in hypnosis for it to work. You do not need special abilities. You do not need to be gullible or weak-willed. You need only one thing: willingness. If you are willing to focus your attention on what the hypnotist is saying, willing to let go of tight analytical control, willing to experience something different, hypnosis will happen.

All hypnosis is self-hypnosis. The hypnotist provides the conditions. The subject provides the response. The mind does the work. And when that work is done effectively, the results can be astonishing.

Chapter 2: The History of Hypnosis

Before Hypnosis Had a Name

The roots of hypnosis stretch back through the entire span of recorded human history, deeper than any institution, any language, any civilization. Long before the word "hypnosis" existed, human beings discovered that certain states of focused attention could bring relief from pain, that certain voices could soothe trauma, that certain rituals could unlock healing.

The earliest documented evidence comes from ancient Egypt and Greece, where sleep-temples dedicated to healing deities served as the first hypnosis clinics. The temple of Asklepios, the Greek god of medicine, was perhaps the most famous. Pilgrims travelled from across the known world to these temples, carrying suffering, illness, or unexplained symptoms. Upon arrival, they underwent a rigorous preparation: purifying baths, fasting, cleansing rituals. This preparation, it turns out, was not mere ceremony. The fasting relaxed the body, the baths reduced muscle tension, the rituals focused attention and built expectancy. By the time the pilgrim entered the Abaton, the dimly lit chamber where treatment occurred, they were already in a self-hypnotic state of heightened receptivity.

Inside the Abaton, the pilgrim reclined on a stone bench called a klini. The word clinic derives directly from this word. The priest-physician, dressed ritually and often carrying symbolic objects, would approach the patient, whisper specific words, and leave. The suggestions were tailored to the patient's ailment. To someone with headaches: "Sleep now, and the pain will leave you." To someone infertile: "You will bear a child." To someone lame: "Walk again." Patients awoke believing the god himself had visited them in dreams, delivered messages, or performed healing surgery. Modern testimonies carved into stone around the temple speak of cures that baffled contemporary medicine. Whether these were genuine, psychosomatic cures, or hopeful exaggerations, the mechanism at work was identical to what we now call hypnotic suggestion.

The Chinese also developed similar healing practices millennia ago. Taoist priests used techniques of focused breathing, visualization, and verbal suggestion to guide patients into altered states for therapeutic purposes. The Indian tradition of yoga, particularly the meditative and contemplative branches, cultivated hypnotic-like states of absorbed attention, single-pointed focus, and altered perception. Many of the techniques later described as hypnosis find their closest living relatives in these ancient contemplative practices.

The Arab World and the Medieval Period

In the tenth century, the Persian physician Avicenna (Ibn Sina) wrote extensively about the connection between the mind and the body, describing how emotional states could produce physical symptoms and how suggestion could cure illness. His Canon of Medicine became a standard medical text in Europe and the Middle East for over six centuries. Avicenna described patients who were paralyzed on one side but could walk or dance when distracted or excited. He recognized that the mind could override the body's apparent physical limitations, a concept that would become central to hypnosis two thousand years later.

Paracelsus, the Swiss physician of the sixteenth century, introduced another crucial idea: that magnetism could influence healing. He believed that certain forces in nature, invisible but real, could be channeled to restore health. This concept would become the foundation for Franz Anton Mesmer's theory of animal magnetism, the direct precursor to modern hypnosis.

Franz Anton Mesmer and Animal Magnetism (17341815)

The man most commonly credited with founding the scientific study of hypnosis was Franz Anton Mesmer, an Austrian physician born in 1734. Mesmer was an ambitious, theatrical, and deeply controversial figure. He believed that an invisible fluid, a kind of cosmic energy, flowed through the body and that illness resulted from blockages or imbalances in this fluid. He called it "animal magnetism" -- the word "animal" coming from the Latin *anima*, meaning soul or life force, not from beasts.

Mesmer's first treatment device was the "baquet," a massive oak tub filled with ground glass, iron filings, and water. Patients sat in a circle around it, each holding an iron rod that extended into the tub. Mesmer would move among them, touching their bodies with his hands or a wooden stick, directing the magnetic fluid through the patients' bodies. Groups of patients, when gathered around the baquet, often experienced dramatic episodes: convulsions, weeping, laughter, numbness, euphoria, violent thrashing. Mesmer declared these "crises" a sign that the magnetic fluid was working, that blocked energies were being released, that healing was occurring.

The Parisian aristocracy was captivated. Mesmer's fame grew beyond measure. He was invited to the court of Queen Marie Antoinette. He dressed in elaborate robes decorated with stars and crescents. He performed publicly, waving an iron rod, making sweeping gestures, commanding patients into dramatic trances. He became wealthy, eccentric, and obsessed with his own importance.

In 1784, King Louis XVI, suspecting that Mesmer's methods might hold medical value but doubting his theory of animal magnetism, appointed a commission to investigate. The commission included Benjamin Franklin (then residing in Paris as the American representative), Antoine Lavoisier (the famous chemist), and Dr. Joseph Ignace Guillotin (yes, the guillotin was named after his brother, though Guillotin himself was a mild-mannered physician who actually opposed capital punishment). The commission conducted rigorous experiments, comparing Mesmer's techniques with sham treatments using patients who believed they were being magnetized but were not. Their conclusion: the effects Mesmer produced were real, even extraordinary, but they had nothing to do with magnetism or any physical fluid. The healing force was the imagination, the psychological response of the subject.

The commission's report effectively killed animal magnetism as a scientific theory, but the phenomena Mesmer had demonstrated -- trance, suggestibility, psychosomatic healing, dramatic physical reactions to suggestion -- remained. His followers, particularly the Marquis de Puys��gur, refined his methods. Puys��gur, experimenting on a peasant

boy named Victor Race, discovered a state deeper than anything Mesmer had achieved. Victor entered a sleep-like state in which he could walk, talk, respond to suggestion, and even diagnose other sick people while asleep. Puys��gur called this "artificial somnambulism." He realized that the key to hypnosis was not magnets but the magnetizer's own will and attention directed at the subject. This was the first recognition that hypnosis was produced by the interaction between two minds, not by any external physical force.

The Abb�� Faria: The Hypnotist Who Cut Free from Mesmer

One of the most important yet least recognized figures in the history of hypnosis was the Abb�� Faria, a Portuguese-born Buddhist monk who worked in early nineteenth-century Rome. Faria was a former student of Mesmer who became convinced that animal magnetism was nonsense. He believed that hypnosis was a natural state of focused attention, accessible to any person, produced not by the magnetizer's magic but by the subject's own capacity for concentrated thought.

In his book *Du Sommeam et du Delire Raisonn��* (1819, though written in 1815), Faria described hypnosis as a state of heightened attention and concentration that the hypnotist directs and the subject maintains. He demonstrated that a person could be hypnotized anywhere, anytime, without magnets, without elaborate rituals, without the baquet. He used simple verbal instructions and finger fixation. Faria's great insight was that hypnosis is self-hypnosis, guided by another person. This insight would not be fully appreciated until a century later, but it was Faria who first articulated it clearly.

Faria was also the first hypnotist to be sued for his practice. One of his patients, a wealthy woman named Mme de St. R��, fell into a deep trance that lasted three days. Only Faria could bring her out of it. Eventually, she woke, but when Faria asked for payment, she refused. He sued her and won. He went to London to collect the money, and while there, was sued by the estate of a man who had died during a trance. Faria was acquitted, the judge writing in his verdict: "Hypnosis is a most useful art, and the accused has done nothing but practice it well."

James Braid: The Coining of "Hypnosis" (17951860)

If Mesmer founded the practice, James Braid gave it its name, its scientific credentials, and its paradigm. Braid was a Scottish surgeon who initially approached mesmerism with skepticism. He observed a mesmerism demonstration in 1811 at a bookshop in Manchester, watching a bookseller demonstrate a mesmerized subject whose eyes were held rigidly open and fixed on a shiny object. Braid was fascinated and later wrote that when the eyes were kept fixed on a bright object, he experienced a powerful urge to close them, accompanied by a narrowing of his attention and a deepening internal focus.

Braid experimented extensively with eye fixation. He found that when subjects stared at an object, their eyes grew tired, their vision dimmed, their eyelids grew heavy, and they entered a state of profound mental concentration. He initially believed this state was caused by exhaustion of the optic nerve, a physiological theory. But later, increasingly aware that his verbal suggestions, not just the eye fatigue, were producing hypnotic phenomena, he revised his view. He recognized that hypnotism depended on the suggestibility of the subject.

In 1843, Braid published *Neurypnology*, in which he introduced the term "hypnosis," derived from *hypnos*, the Greek god of sleep. He chose this name because the hypnotic state resembled sleep from the outside. The subject appeared unconscious, motionless, unresponsive. Braid wrote: "I was induced to employ this term on account of the strong resemblance existing between the condition of the subject and normal sleep." He later preferred the term "monoideism," meaning the mind focused on a single idea, but hypnosis had already stuck.

Braid conducted his demonstrations in a clinical setting, at lectures attended by physicians and scientists. He emphasized that the subject remained conscious, that they could hear all that was said, that they could emerge from the state voluntarily. He dispelled the notion that hypnotism was supernatural or magical. It was a natural state of focused attention, governed by psychological laws.

Despite Braid's efforts to present hypnosis scientifically, the Victorian medical establishment largely dismissed it. The ghost of Mesmer, discredited by a royal commission, continued to haunt the practice. Physicians who experimented with hypnosis were accused of being mesmerists, and mesmerism carried the stigma of pseudoscience.

The London School: John Elliotson and the Zoist

While Braid worked in Manchester and Edinburgh, a British physician named John Elliotson carried the torch of mesmerism in London. Elliotson, president of the Royal Medical and Surgical Society of London, was a courageous, somewhat radical physician who defended mesmerism at a time when it was widely ridiculed. He published case after case of mesmerism producing genuine therapeutic results: pain relief during childbirth, anesthesia during surgery, relief from paralysis, cures for ulcerating legs.

In 1846, Elliotson founded a journal called *The Zoist*, dedicated entirely to mesmerism and the related sciences of psychology and mental philosophy. *The Zoist* published remarkable cases: a woman who could feel pain through her elbow; a blind girl who could sense objects by moving her eyes; a mesmerized subject who experienced vivid nightmares (the first published accounts of nightmares in hypnosis). For fifteen years, *The Zoist* kept the study of hypnosis alive in England when the medical profession largely ignored it.

Thomas Wakely, editor of the *Lancet*, attacked Elliotson mercilessly, calling him a fraud who conducted experiments poorly. Elliotson retaliated by inviting Wakely to observe his demonstrations. Wakely tried to repeat Elliotson's results with Elliotson's own subjects and failed. He concluded that Elliotson himself was the secret, that the magnetism resided in the magnetizer's hands, not in any universal fluid. Elliotson agreed: yes, skill and rapport mattered. But Wakely's verdict cemented mesmerism's reputation as a parlor trick.

Esdaillery: Hypnosis as Surgical Anesthesia

While England argued about mesmerism, a French physician named Ambroise-Auguste Li��beault and, more dramatically, a Scottish surgeon named James Esdaillery were discovering hypnosis's most practical application: surgical anesthesia.

Esdaillery, working in Calcutta, India, in the 1840s and 1850s, used mesmerism to anesthetize hundreds of patients before surgery. At a time when surgery was excruciating, when chloroform was just being discovered, when patients screamed on operating tables while surgeons worked quickly to minimize suffering, Esdaillery put patients into deep mesmeric trance and performed major operations -- amputations, removal of bladder stones, excision of tumors -- with no pain and minimal blood loss. Patients woke from surgery calm, euphoric, often surprised to discover the operation was over. Esdaillery performed over a thousand mesmeric operations with remarkable success rates. He wrote *Mesmerism in India*, documenting his results and arguing, correctly, that hypnosis was a far superior anesthetic to the alcohol and opiates commonly used at the time.

Esdaillery's work proved that hypnosis could produce real, measurable physiological effects: loss of pain sensation, reduced bleeding, accelerated healing, calmness. It was hypnosis as medicine, not as curiosity or entertainment. And yet, the British medical establishment, still haunted by Mesmer's ghost, largely ignored his results.

The Nancy School: Li��beault and Bernheim (1860s1900s)

In the town of Nancy, France, two physicians developed what would become the dominant school of hypnosis in the late nineteenth century: Ambroise-Auguste Li��beault and Hippolyte Bernheim.

Li��beault, a former military doctor who had lost his military commission for his radical views on education, turned to the study of hypnosis in the 1860s. He was influenced by Braid's writings and by the work of the Abb�� Faria. Li��beault believed that hypnosis was a normal phenomenon, that every person was capable of being hypnotized, that it was simply a state of focused attention heightened by the presence and suggestions of another person. He called it "hypnotic sleep," but it was nothing like natural sleep.

Li��beault began treating patients -- primarily what we would now call neurotic or psychosomatic cases -- with hypnosis. He treated insomnia, loss of appetite, sexual dysfunction, pain, hysteria. He used simple inductions involving eye fixation and progressive relaxation. He believed that suggestible subjects could accept suggestions that relieved their symptoms: "You will sleep," "You will eat," "The pain will disappear." He published *Laisation hypnotique sugg��stive dans l'��tat de sommeil* (Sleepy Suggestive Hypnosis in the State of Sleep) in 1882, arguing that hypnosis was not a pathological state but a normal psychological phenomenon, accessible to essentially everyone.

Hippolyte Bernheim, professor of medicine at the University of Nancy, became Li��beault's colleague and public face. Bernheim was eloquent, charismatic, and a skilled debater. He traveled to Paris in 1882 to debate Jean Martin Charcot at the Salp��tri��re Hospital, the most prestigious medical institution in the world. Charcot, arguably the most famous neurologist of the nineteenth century, believed that hypnosis was a pathological state limited to hysterics, that it required special physical techniques (pressure, electricity) to induce, and that it was fundamentally different from waking suggestion. Bernheim, backed by Li��beault's clinical evidence, argued that hypnosis was a normal phenomenon, that it was identical to waking suggestion intensified by focused attention, that essentially every normal person was hypnotizable, and that the techniques used to induce trance were unimportant -- what mattered was suggestion itself.

Bernheim famously declared: "It is suggestion that rules hypnotism." At the dramatic Paris demonstration, Bernheim placed a hysterical subject in trance at the Salp��tri��re using simple verbal suggestion -- no pressure, no electricity, no special techniques. The subject entered trance smoothly. Bernheim then gave her posthypnotic suggestions, which she carried out after emerging from trance. The audience, including Charcot's

own students, was impressed. The psychological school of hypnosis, championed by Bernheim and Li��beault, triumphed over the neurologists' pathological theory.
The Nancy School attracted students from around the world. Their emphasis on suggestion as the core mechanism, on hypnosis as a normal and universal phenomenon, on its applicability to ordinary therapeutic cases rather than just hysterics, became the foundation for modern hypnosis.

The Paris School: Charcot, Janet, and Hysteria

While Bernheim was building the psychological school, Jean Martin Charcot was building the neurological school at the Salp��tri��re Hospital in Paris. Charcot, the great neurologist, believed that hypnosis was a pathological state unique to hysterics, that it was a form of artificial neurasthenia, and that it required physical techniques to induce. He developed a elaborate protocol involving electric pressure on certain points of the body to induce different stages of trance: lethargy, catalepsy, and somnambulism.

Charcot's demonstrations at the Salp��tri��re were theatrical events. He brought hypnosis to the attention of the Parisian elite, including writers, artists, and the upper classes. Women hysterics were displayed on stage at the hospital, entering trance states on cue, performing dramatic physical contortions. Charcot's images of hypnotized hysterics, reproduced widely in publications, shaped the popular image of hypnosis for generations: the swooning woman, the dramatic trance, the mysterious force of the hypnotist.

Charcot's students included Pierre Janet and Sigmund Freud. Janet, a French psychiatrist, studied hypnosis under Charcot and developed the concept of psychological dissociation -- the splitting of consciousness into separate streams of awareness. Janet proposed that hysteria resulted from a failure to integrate memories and experiences into a unified conscious field. He developed techniques of hypnosis to access dissociated memories and integrate them, effectively inventing what we now call trauma therapy. Janet's work on dissociation, unconscious processing, and the division of consciousness would profoundly influence later hypnosis theory.

Freud also studied under Charcot, attended Bernheim's lectures in Nancy, and briefly practiced hypnosis in Vienna. His early collaboration with Josef Breuer on *Studies in Hysteria* (1895) documented hypnotic regression and abreaction -- the process of returning to a traumatic memory while hypnotized and releasing the pent-up emotion associated with it. Breuer's patient Anna O. (real name Bertha Pappenheim) was cured of hysterical symptoms by talking through her traumas while in a hypnotic or self-hypnotic state, a method Breuer called the "talking cure." Freud initially embraced these findings enthusiastically.

But Freud grew dissatisfied with hypnosis. He found it laborious, unreliable, and dependent on the hypnotist's presence. He noticed that therapeutic gains from hypnosis often did not persist after trance ended. He began preferring free association -- having patients lie on a couch and say whatever came to mind -- to hypnosis. He concluded that the unconscious revealed itself not only in trance but in dreams, slips of the tongue, and free association. Gradually, Freud abandoned hypnosis entirely, replacing it with

psychoanalysis. His enormous influence ensured that hypnosis would be marginalized in mainstream psychiatry for decades. Freud famously told Carl Jung aboard the ship *Georg Washington*, heading to America for Freud's only visit to the United States: "They don't realize that we are bringing them the plague." The plague, of course, being psychoanalysis. Freud's dismissal of hypnosis was one consequence of that plague.

Sigmund Breuer and the Talking Cure

Josef Breuer's case of Anna O. (1880-1882) became the founding story of psychoanalysis and one of the most important case studies in hypnosis history. Anna O., a twenty-one-year-old woman, developed an extraordinary array of hysterical symptoms: paralysis, visual disturbances, speech difficulties, hallucinations, severe depression, and an inability to drink water despite intense thirst. Breuer treated her over nearly two years using hypnosis and self-hypnosis. He discovered that when Anna O. recounted a traumatic event while in an altered state and fully expressed the emotion associated with it, the symptom disappeared. She called this process "chimney sweeping" or "talking cure." Breuer and Freud documented her case in detail, showing how multiple symptoms were cured by returning to their traumatic origins while hypnotized or in a self-hypnotic state.

Anna O.'s case demonstrated several principles that remain central to hypnosis: that symptoms can have psychological origins, that accessing and expressing repressed emotion can produce dramatic symptom relief, that the connection between mind and body is direct and powerful, and that words spoken in a focused, receptive state can produce healing.

Wilhelm von Reichenbach and the Odrodism

In the mid-nineteenth century, German mineralogist Wilhelm von Reichenbach proposed that all matter emitted an invisible energy he called "odoric force" or "od." He claimed that sensitive individuals could detect this force with their eyes closed. He believed that od was the medium through which mesmerism and magnetism operated. His book *The Magnetism of the Human Body and of the Earth, and the Action of the Odoric Force* (1850) attempted to unify all paranormal and hypnotic phenomena under a single theory of odoric energy.

Like Mesmer before him, Reichenbach was both meticulous and credulous. He designed careful experiments to test his theories and was genuinely disappointed when they could not be replicated. But his work kept the idea of invisible energy flowing between hypnotist and subject alive during the period when hypnotic science was struggling for legitimacy.

Pierre Janet and Dissociation

Pierre Janet, student of Charcot, made perhaps the most important theoretical contribution to hypnosis that went largely unappreciated for decades. Janet proposed that the human mind is naturally divided -- not into conscious and unconscious parts, as Freud claimed, but into multiple streams of consciousness that can operate independently. He called this "psy ichological dissociation."

Janet showed that hypnotic subjects could form memories, learn skills, and experience sensations that the waking mind was unaware of. He demonstrated that a hypnotized arm could be given a suggestion to lift, and when the subject woke, the arm would lift involuntarily while the conscious mind watched in surprise. He showed that one part of the mind could process information while another part remained unaware. This work laid the foundation for what would later become understood as dissociative disorders, split-brain research, and the modern study of unconscious cognition.

Janet's concept of psychological force -- *force psychologic* -- was crucial. He believed that every mind has a certain amount of psychic energy to draw upon, and that hysterical and hypnoid states occurred when this energy was depleted. In hypnotic trance, psychic energy was conserved and concentrated, allowing access to memories and abilities normally outside conscious awareness. Janet's work would not be fully appreciated until the late twentieth century, when dissociative disorders, trauma therapy, and unconscious cognition became major areas of psychological research.

Emil Cou�� and Autosuggestion (18571926)

While the French and British schools were debating theory, a French pharmacist named Emil Cou�� was developing something entirely different: practical self-hypnosis for everyday use. Cou�� worked in his pharmacy in Metis, France, in the early twentieth century. He became fascinated with the idea that people could heal themselves through repeated positive statements. He developed what he called "conscious autosuggestion," a method by which individuals could direct their own subconscious minds toward health, confidence, or any desired outcome.

Cou��'s method was remarkably simple. He told patients to repeat, every morning and every evening, along with an attitude of willing: "Every day, in every way, I am getting better and better." (The original French: *Chaque jour, ��tous points de vue, je vais de mieux en mieux*.) Cou�� emphasized that the key was not mere repetition but willing -- the conscious desire for the suggestion to take effect. He claimed that the imagination always overwhelms the will, meaning that if you visualize yourself getting better while willing it, the imagination produces the result.

Cou��'s methods became a sensation across Europe and America. He gave lectures that brought audiences to tears. His ideas spread rapidly and influenced countless self-help approaches. He wrote *Our Conscious Self-Mastery* (1903) and *The Method* (1922). His emphasis on positive affirmations, on the power of the imagination, on self-directed change predated modern cognitive behavioral therapy by decades. Cou�� died in 1926 on the very day he collapsed on stage, still demonstrating his method, having led thousands into self-hypnotic states with nothing more than patient repetition and willing.

Clark Hull and the Scientific Revival (18841952)

In the United States, psychologist Clark Hull was largely responsible for reviving scientific interest in hypnosis. Hull began his research in the 1910s and 1920s, at a time when American psychology, dominated by behaviorism, considered hypnosis a superstition. Hull, a rigorous experimental psychologist, approached hypnosis with the same systematic method he applied to animal learning studies.

Hull's book *Hypnosis and Suggestibility* (1933) was the first major scientific work on hypnosis in over a century. He conducted laboratory experiments on hundreds of subjects, testing levels of suggestibility, the conditions that enhanced hypnotic response, the relationship between motivation and hypnotic depth. Hull demonstrated that hypnosis was not a unique state but a form of focused responding that could be measured and categorized. He proved that suggestion and motivation were the two primary factors determining hypnotic depth and that hypnosis was not equivalent to sleep.

Hull's work established hypnotic suggestibility as a measurable trait, varying from person to person. His scales and methods became the basis for modern hypnotic susceptibility research. Hull's students and colleagues carried his work forward, establishing hypnosis as a legitimate subject of psychological science.

The Society for Clinical and Experimental Hypnosis

In 1949, at the urging of Clark Hull's work and the recognition that hypnosis had tremendous clinical potential, the Society for Clinical and Experimental Hypnosis (SCEH) was founded. The SCEH brought together psychologists, psychiatrists, physicians, nurses, dentists, and social workers dedicated to developing and applying hypnosis in clinical settings. Its companion organization, the American Society for Clinical Hypnosis (ASCH), founded in 1957 by Milton Erickson and other prominent clinicians, focused on clinical certification and practical application.

These organizations, along with the American Medical Association's 1958 recognition of hypnosis, marked a turning point. Hypnosis was no longer the fringe practice of mesmerists and stage hypnotists. It was an established tool in medicine and psychology. The 1950s and 1960s saw hypnosis used widely in hospitals for pain management, surgery, childbirth, and anxiety reduction. Military surgeons used hypnosis during the Vietnam War to treat burn victims and soldiers with pain when morphine was scarce.

But the 1970s brought a setback. The AMA withdrew its recognition of hypnosis, partly due to the rise of unqualified practitioners, partly due to the anti-establishment culture of the era, and partly due to the failure of many "hypnotherapists" to deliver results. For a time, hypnosis again seemed relegated to the fringes.

Milton Erickson: The Father of Modern Hypnosis (19011980)

If there is one figure whose influence on hypnosis surpasses all others in the twentieth century, it is Milton Hyland Erickson, born in 1901 in Utah. Erickson did not set out to study hypnosis. He was a medical doctor who, at age seventeen, contracted poliomyelitis and was told he would never walk again. In his own words: "I lay in bed for a year, doing nothing. And then I began to watch myself."

Erickson discovered that he could hypnotize himself to relieve pain, to move his limbs, to heal his body. He used self-hypnosis to recover to the degree that he returned to medical school. During his training, he contracted pneumonia, tuberculosis, and multiple other ailments. Each time, he used self-hypnosis and observation to recover. He became not just a doctor but a master of the unconscious mind.

Erickson's approach to hypnosis was revolutionary. He abandoned the traditional authoritarian style of hypnosis -- firm commands, fixed gaze, dramatic induction -- and developed an entirely indirect approach. He used stories, metaphors, confusion, misdirection, and everyday conversation to induce trance. He would talk to a patient about the weather, the room, a recent movie, and in the course of ordinary conversation, the patient would slip into deep hypnosis without knowing it. His patients often emerged from what they thought was a normal conversation finding that their symptoms had changed or disappeared.

Erickson's key insight was that the unconscious mind is the dominant creative force in a person. The conscious mind is logical and limited; the unconscious mind is intuitive, vast, and capable of instant change. By the later years of his career, Erickson could induce profound trance through ordinary conversation, without ever saying the word "hypnosis."

Erickson's methods were so individualized that he rarely repeated the same approach with two different patients. He observed posture, breathing, eye movements, tone of voice, and used every available cue to tailor his induction. He developed techniques that are now standard in hypnotherapy: utilization (using whatever the patient brings -- resistance, symptoms, habits -- as part of the induction), fractionation (bringing a subject in and out of trance multiple times to deepen it), confused language patterns, embedded commands, metaphorical storytelling, and indirect suggestion.

Erickson trained a small group of students -- Ernest Rossi, Richard Bandler, John Grinder, Milton Rose, Robert Dilts, John (the list reads like a "Who's Who" of modern hypnosis and NLP) -- who carried his methods into the late twentieth century and beyond. His lectures, recordings, and case studies became foundational texts for generations of hypnotists. The Ericksonian approach dominates modern hypnotherapy to a degree unmatched by any other school.

Dave Elman: The Rapid Induction (19001966)

While Erickson was developing his indirect, conversational style, Dave Elman, a radio and television hypnotist from Iowa, was developing the fastest induction technique in hypnotic history. Elman was not a physician. He was an entertainer who became fascinated with hypnosis after seeing a stage show and realizing he could produce even deeper trance than the performers on stage.

Elman spent decades experimenting with hundreds of volunteers. He tested every induction, every deepening technique, every suggestion. He was methodical, practical, and utterly focused on results. His goal was simple: produce a deep hypnotic state as quickly as possible, with any subject, any time.

In the 1950s, Elman published *Findings in Hypnosis*, containing his three-part rapid induction. The Elman Induction could place virtually any subject into a deep somnambulistic trance in seven to fifteen minutes, with a significant proportion in under five. His method combined physical relaxation, eye fixation, a confusion technique, a "hands clamped shut" test, fractionation, and deepening -- all flowing seamlessly into one continuous induction. The Elman Induction remains one of the most widely taught induction techniques in the world and is the standard rapid induction for clinical hypnosis.

Elman trained thousands of hypnotists through his manuals and seminars. He demonstrated hypnosis to audiences of thousands, producing dramatic phenomena -- arm levitation, catalepsy, analgesia, age regression, amnesia -- with ease and precision. He proved that deep hypnosis was not a rare or mysterious phenomenon but a reliable, reproducible state accessible to nearly everyone. His definition of hypnosis -- "a state of mind in which the critical faculty of the subject is bypassed and selective thinking is established" -- remains perhaps the most quoted and most accurate definition in the field.

Ernest Hilgard and the Neo-Dissociation Theory

Ernest Hilgard, professor at Stanford University, brought hypnosis firmly into the world of academic psychology in the postwar era. Working with Andr�� Weitzenhoffer, Hilgard developed the Stanford Hypnotic Susceptibility Scales, the most widely used measures of hypnotic suggestibility in the world. His research demonstrated that hypnotic respond varied systematically from person to person and that high-scoring individuals could produce dramatic hypnotic phenomena consistently.

Hilgard's most important contribution was his neo-dissociation theory. He proposed that hypnosis involves a partitioning of consciousness -- that the hypnotized mind contains both a hypnotic ego (focused on the hypnotist, responding to suggestions) and an observational ego (watching, aware, able to monitor what is happening). He demonstrated this through the "hidden observer" technique: a subject in deep hypnosis given a pain suggestion on one hand would not respond to pain on that hand, but when asked whether a hidden part of her mind could feel the pain, she would respond through ideomotor action (finger movements) that the hidden observer was indeed feeling it.

Hilgard's work provided empirical evidence for Janet's theory of dissociation a century earlier. It showed that hypnosis was not mere role-playing or imagination, nor was it a unique altered state -- it was a normal cognitive process in which attention is selectively focused and certain aspects of experience are temporarily partitioned from awareness.

The State vs. Non-State Debate

Since the 1930s, researchers have debated whether hypnosis is a genuine altered state of consciousness or simply a form of focused role-playing enhanced by expectation.

The "state" theorists, led by Hilgard, Kish, and Spiegel, argue that hypnosis involves measurable changes in brain activity, altered attention, and genuine dissociation. They point to brain imaging studies showing different activation patterns during hypnosis compared to normal waking and sleep.

The "non-state" theorists, led by Theodore Sarbin, Theodore Barber, and Nicholas Spanos, argue that hypnosis is simply a social role, a cognitive strategy, a form of imaginative absorption. They point out that when subjects are told they are not in a special state but are simply following directions, they can produce identical results -- suggesting that the "trance" is not essential to the phenomena.

Barber's research with children was particularly influential. He found that children as young as five could produce dramatic hypnotic phenomena, but so could highly motivated non-hypnotized adults. He concluded that expectation, role-playing, and imaginative involvement were sufficient to explain hypnotic responding, without needing to invoke a special state.

The debate continues today. Modern neuroimaging research suggests that both sides are partially right: hypnosis involves both altered states of brain activity and normal cognitive processes (attention, expectation, role-taking) working together. The truth, as usual, is more nuanced than the debate allowed.

The Birth of Hypnotic Research and NLP

In the 1970s, Richard Bandler and John Grinder, drawing heavily on Erickson's methods, developed Neurolinguistic Programming (NLP). Bandler and Grinder analyzed the language patterns, movement patterns, and voice patterns used by skilled therapists, including Erickson, Virginia Satir, and Fritz Perls. They codified these patterns into a set of techniques for improving communication and producing rapid behavioral change. NLP incorporated hypnotic concepts -- pacing and leading, mirroring, building rapport, embedded suggestions, metaphor, reframing -- and applied them to education, business, sales, and personal development. Though NLP's scientific validity is debated, its influence on hypnosis and therapeutic communication was enormous. It brought Ericksonian concepts to a broad audience and added a practical, learnable toolkit that many hypnotists still use.

Hypnosis in the Modern Era

Hypnosis has entered the twenty-first century with renewed scientific credibility. Brain imaging studies show that hypnosis produces measurable changes in regions of the brain associated with attention, self-awareness, and sensory processing. Research has demonstrated hypnosis's effectiveness for pain management, irritable bowel syndrome, chemotherapy nausea, anxiety, and chronic pain. The American Psychological Association recognizes hypnosis as an evidence-based intervention for pain.

Hypnosis is now used in hospitals, clinics, and private practice worldwide. It appears in sports psychology, performance enhancement, addiction treatment, and trauma therapy. The internet has democratized hypnosis, with thousands of guided self-hypnosis recordings available online. Applications are being developed for anxiety, insomnia, public speaking, and even learning.

Yet the fundamental principles remain unchanged since Asklepios whispered healing words in the Abaton. Focus the attention. Relax the critical faculty. Direct the imagination. Let the mind do its work. The tools have grown more sophisticated, but the mechanism -- the relationship between focused attention, suggestibility, and the plasticity of reality -- is identical to what the ancient healers discovered thousands of years ago.

The history of hypnosis is the history of human beings discovering that the mind can heal itself, that reality can be shaped by attention and suggestion, that the boundary between physical and mental is permeable and responsive. From the sleep-temples of ancient Egypt to the laboratories of modern neuroscience, from Mesmer's magnetic tubs to Erickson's conversational trances, from Braid's coinage of a word to today's brain scans, the story of hypnosis remains one of the most remarkable -- and still largely misunderstood -- stories in the history of human healing.

Chapter 3: What Hypnosis Can (and Can't) Do

The Scope of Possibility

If Chapter One explained what hypnosis is and Chapter Two told how it came to be, this chapter answers the question that every subject, every patient, every curious onlooker asks within seconds of first encountering hypnosis: what can it actually do?

The answer is both more remarkable and more limited than most people expect. Hypnosis can alter perception, modulate pain, change behavior, restore confidence, regulate bodily functions, create vivid sensory experiences out of nothing, erase sensations that are actually there, revive memories long thought lost, and accelerate healing. It cannot make a person dance like Fred Astaire if they have no sense of rhythm, cannot give someone the talent of Mozart, cannot force them to do anything against their core values, is not a magic cure for every ailment, and is not, in itself, a therapy.

These boundaries, far from limiting hypnosis's usefulness, define its power. Knowing what it can and cannot do is the difference between a hypnotist who produces reliable results and one who merely produces illusions. It is the difference between a clinician who knows when to refer and one who over-promises. It is the difference between a subject who leaves transformed and one who leaves disappointed.

The scope of hypnotic phenomena is vast. So is the scope of hypnotic limits. Both deserve careful explanation.

What Hypnosis CAN Do

Pain

Perhaps the best-documented and most reliably reproduced effect of hypnosis is pain modulation. Under hypnosis, suggestion can reduce pain, eliminate it entirely, or shift its quality from sharp to dull, from throbbing to warm. Subjective pain reports drop significantly, and brain imaging shows that the same regions of the brain that process physical pain are quieted by hypnotic suggestion.

In clinical settings, hypnosis is used for procedural pain during dental work, wound care, chemotherapy infusion, and minor surgery. It is used for chronic pain in fibromyalgia, lower back pain, arthritis, and neuropathy. It is used for headache and migraine. It is used for labor pain, for phantom limb pain, and for burn victims changing their dressings. In the Vietnam War, military surgeons used hypnosis to manage pain in burn patients when morphine was scarce or when the patients had developed tolerance. During childbirth, hypnosis has long been used as a non-pharmacological analgesic, sometimes replacing or supplementing epidurals.

The effect is dose-dependent and subject-dependent. Some people experience complete analgesia with a single suggestion. Others experience partial relief that compounds over sessions. The mechanism involves the same neurobiological pathways that naturally modulate pain: descending inhibitory pathways from the brainstem, activity in the anterior cingulate cortex, and modulation of the thalamus. Hypnosis does not create artificial numbness; it instructs the brain to reduce the pain signal the way it already does naturally, only more efficiently.

A landmark demonstration of hypnotic analgesia comes from the work of Kenneth Harrison and later Ronald Barker, who showed that hypnotized subjects given a suggestion of analgesia on one hand could submerge that hand in ice water for ten minutes or more with minimal discomfort, while the other hand, untreated, would pull out almost immediately. Brain scans confirmed that the pain matrix lit up for the untreated hand and remained quiet for the anesthetized hand.

Hypnosis does not remove all pain from all people. It works best as an adjunct to medical treatment, not always as a replacement. It works best when the pain has at least a perceptual component. A broken bone felt more deeply will still register under hypnosis, but the suffering associated with it will lessen. A headache driven by muscle tension and stress can often be nearly erased. A pain for which there is no physiological basis at all, such as the pain of a memory, can be dissolved entirely.

Perception

Hypnosis can alter every sense. Visual hallucinations, visual negative hallucinations (not seeing something that is there), altered color perception, and distorted size perception are all well-documented. A subject told they

are looking at a black-and-white photograph while staring at full color will see monochrome. The color-processing regions of the brain go dormant while the luminance-processing regions stay active.

Hypnotic auditory phenomena include hallucinations of sound (hearing a voice, music, or noise that is not present) and negative hallucinations of sound (hearing the hypnotist's voice but not hearing a trumpet played at full volume nearby). In one famous experiment, a hypnotized subject was told that a low tone would sound like a high tone; the subject's perceptual report shifted accordingly.

In hypnotic olfaction, a subject can smell a rose that is not there or be unable to smell a strong odor that is present. In gustation, the subject can taste sweetness in vinegar or bitterness in water. In tactile sensation, a subject given a suggestion of warmth will feel warmth spreading through their hand. A suggested cold sensation will produce goosebumps, chattering teeth, and the urge to pull a coat tighter. A suggested tickle will produce laughter. A suggested weight on the chest will deepen breathing and produce the sensation of pressure.

These effects are not illusions in the ordinary sense. They are perceptual constructions: the brain generating experience consistent with suggestion. The sensory organs may or may not be transmitting the expected signal; the experience is real regardless.

Motor Phenomena

Hypnosis can produce involuntary movement. Arm levitation, the rising of an arm without conscious effort, has been replicated hundreds of times and is one of the most reliable hypnotic phenomena. Catalepsy, the maintenance of a posture without effort, is equally reliable in sufficiently responsive subjects. A subject's hand can become locked in a clasp that will not open. Fingers can stiffen. The entire body can enter full catalepsy, rigid and motionless, for minutes or longer.

Ideomotor movement, the unconscious movement of body parts in response to suggestion, underlies the ideomotor signaling used in therapy: a slight movement of a finger or hand that "yes" or "no" answers to questions asked in trance. A subject told that their index finger will rise when they unconsciously know the correct answer will produce reliable yes-no answers without conscious knowing. The movement is real, measurable, and independent of conscious expectation.

Movement can also be inhibited. A subject told they cannot close their mouth will leave it open. A subject told they cannot sit down will stand when the chair is lowered beneath them. A subject told their leg is stiff as a board will resist bending. These inhibitory phenomena demonstrate that hypnosis affects not only the generation of movement but also the brain's decision to allow movement to proceed.

Physiological Control

Hypnosis can influence heart rate, blood pressure, skin temperature, galvanic skin response, respiration rate, digestive activity, immune function, and wound healing. A subject told that the blood is flowing warmly to their right hand will show a measurable temperature increase of one to three degrees Fahrenheit in that hand within minutes. This effect is so reliable that it is used as a standard test of hypnotic depth in clinical training.

In a famous experiment by Barber and his colleagues, hypnotized subjects given a suggestion of a blister on their skin produced a real blister at the suggested site. By placing a postage stamp on the skin and suggesting it was a mustard plaster, researchers produced blisters matching the size and shape of the stamp. By placing a coin and suggesting a burn would appear, a blister formed correspondingly. Burns and blisters can also be erased by suggestion. Local redness appears within minutes by suggestion alone.

Hypnosis has been shown to delay wound healing when suggested and accelerate it when suggested. It can reduce the frequency and intensity of allergic skin reactions. In children, it is used to reduce vomiting during chemotherapy, to help with bedwetting, and to reduce the anxiety and pain of needle sticks and intravenous insertion. The American Society of Clinical Hypnosis recognizes hypnosis as an evidence-based intervention for functional gastrointestinal disorders such as irritable bowel syndrome.

Memory

Hypnosis can enhance memory retrieval. Under hypnosis, subjects often recall details of past events with remarkable vividness and precision. A subject who cannot remember a name or an address while awake may recall them perfectly in trance. A subject who has forgotten the details of an event may recover them. This effect is widely used in witness testimony and in clinical regression.

Hypnosis can also produce memory effects selectively. Suggested amnesia, the forgetting of events that occurred during hypnosis, is one of the most reliable effects at all depths. A subject told they will not remember what the hypnotist said will typically show no conscious recall at emergence, though the material is often retrievable on cue. Time distortion, the experience of time passing more quickly or more slowly than it actually did, is extremely common. An hour can feel like five minutes; five minutes can feel like an hour.

Hypnosis can create false memories. A subject told they drove to Richmond yesterday will recount details of the drive, the scenery, the route, the conversations, with full conviction. The memory feels real because the brain constructs it exactly as it constructs any memory: from suggestion, imagination, and inference. This does not make it false in any meaningful sense; it makes it what all memory is: constructed.

Memory enhancement works best for emotional or highly engaging material. Boring verbal lists are less likely to be enhanced by hypnosis than vivid personal events. The improvement is not universal: some subjects

show little or no memory enhancement under hypnosis, while others show dramatic improvement. The effect interacts with the subject's natural memory style, their level of suggestibility, and the clarity of the original encoding.

Emotion and Mood

Hypnosis can produce and alter emotion with remarkable speed and intensity. A subject told they feel overwhelming joy will laugh, smile, and describe happiness. A subject told they feel deep sadness will tear, sometimes without conscious awareness of why. A subject told they feel calm will lower their heart rate, slow their breathing, relax their facial muscles. The same subject told to feel angry may show increased muscle tension, faster breathing, and a pugnacious posture.

These emotional changes are not acting. They are genuine affective shifts: the brain produces the physiological and subjective correlates of the emotion. Subjective reports match physiological measures. A subject instructed to feel fear on one side of the face and joy on the other will show different facial EMG patterns on each side. The subjective experience matches the physiological record.

In therapy, hypnosis is used to reduce anxiety, to elevate depressed mood, to increase confidence, to moderate anger, to reduce grief, and to build emotional resilience. The effect size for anxiety reduction is moderate to large in clinical studies. The effect for depression is modest but reliable, especially as an adjunct to cognitive behavioral therapy. Confidence, when enhanced by hypnosis, often generalizes beyond the suggested domain: a subject suggested to feel confident while driving may find that confidence extending to speaking in meetings, ordering at a restaurant, and initiating conversations.

Behavior Change

Hypnosis can influence behavior, both during trance and after emergence. Posthypnotic suggestion, the carrying out of a suggestion after trance has ended, is the mechanism by which hypnosis influences waking behavior. A subject told that seeing a specific word will make them feel calm may find themselves unexpectedly calm when encountering that word in daily life. A subject told to drink a glass of water when they feel a cigarette craving may find the craving dissipates. A subject told they will feel confident when they touch their thumb to their index finger may carry that confidence into any situation.

Behavior change through hypnosis is most reliable for habits with a clear trigger: nail-biting, thumb-sucking, smoking, overeating. It is less reliable but still useful for broader changes: improving sleep quality, reducing stress reactivity, increasing exercise adherence, improving study habits. It is not reliable for changing core personality traits or deep-seated character structures in a single session.

A smoker treated with hypnosis for smoking cessation often retains the ability to not smoke in situations where they have always not smoked; hypnosis extends that ability to new trigger contexts. The brain already contains the neural pathways for smoke-free behavior; hypnosis re-accesses and reorganizes them. Hypnosis cannot give someone a talent they do not possess, but it can help them express the talent they do possess more fully. A good amateur golfer may play like a champion under certain conditions after hypnosis, but will still lose to a world-class professional on a good day. A shy person can learn to socialize confidently, though their baseline temperament does not change.

Performance

Hypnosis is used widely in sports, music, public speaking, academics, and creative arts. Athletes use it to enter the flow state, to reduce performance anxiety, to enhance focus, to recover from injury, and to rehearse performance mentally. Musicians use it to reduce stage fright, to deepen concentration during practice, and to recover from performance plateaus. Students use it to reduce test anxiety, to improve concentration, and to enhance recall under exam conditions. Writers and artists use it to quiet the inner critic, to access creative flow, and to work through blocks.

In all these domains, the mechanism is the same: hypnosis narrows attention, relaxes the critical faculty, heightens the readiness to accept performance-relevant ideas, and allows practice imagery to be processed by the unconscious mind as if it were real performance. The brain does not distinguish sharply between vividly imagined performance and actual performance; neural pathways are strengthened by both.

Creative and imaginative Phenomena

Hypnosis can enhance creativity. Under hypnosis, subjects generate more ideas, more unusual associations, and more original solutions to problems than in the waking state. This has been demonstrated in laboratory studies using standard creativity tests. The effect is thought to result from reduced logical filtering and increased access to remote associations in memory.

Hypnosis can facilitate storytelling, improvisation, imaginative play, and daydreaming. Children, who are naturally highly imaginative, often respond to hypnosis with extraordinary vividness in imaginative tasks. They produce elaborate narratives, detailed sensory descriptions, and physically expressive gestures. Adults can access similar vividness under hypnosis, often surprising themselves at what they can imagine when the conscious critic is relaxed.

Identity Alteration

In deeper hypnotic states, subjects can temporarily adopt identities different from their usual waking self. A subject instructed to act as a five-year-old child will speak, gesture, and even show physiological responses consistent with childhood. A subject instructed to embody a historical figure will adopt that figure's speech patterns, mannerisms, and emotional tone. A

subject instructed to imagine being an animal will move, vocalize, and respond as that animal.

These identity alterations are not full personality changes. They are momentary, context-bound shifts in self-concept that persist only while the suggestion is active or until they fade naturally. The subject knows they are playing a role. The subject returns to their usual identity when the suggestion ends or upon emergence. The phenomenon demonstrates the plasticity of self and the extent to which identity, even in waking life, is a construct that the brain maintains continuously rather than a fixed essence.

The Demonstrated Extent: Dr. Hollander's Synthesis

The full scope of what hypnosis can do was summarized a century ago by Dr. Bernard Hollander, M.D., in his book *Hypnotism and Suggestion in Daily Life, Education, and Medical Practice*:

"In response to your direct and specific suggestions, your subject may be rendered happy and gay, or sad and dejected, angry or pleased, liberal or stingy, proud or humble, pugnacious or pacific, bold or timid, hopeful or despondent, insolent or respectful. He may be made to sing, to shout, to laugh, to weep, to act, to dance, to shoot, to fish, to preach, to pray, to recite a beautiful poem or to excogitate a profound argument."

"The expression of the subject during these responses while in hypnosis is most important as its very earnestness is profound in its appeal. The attitudes and gestures are equal to, or surpassing, the best efforts of the most accomplished actor, although the hypnotized subject may actually be a person of limited intellectual cultivation, and show no particular talent for acting or mimicry in the waking state."

"The hypnotized subject is not acting a part in the ordinary sense of the word. He believes himself to be the actual personality suggested."

"One of the most striking and important peculiarities of the subconscious mind, as distinguished from the conscious, consists in its prodigious memory... All the sensations which we have ever experienced have left behind them traces in the brain, so slight as to be intangible and imperceptible under ordinary circumstances, but hypnotic suggestion, addressing itself to the unconscious side of the mind, and such being the storehouse of memories, can bring into recall these otherwise lost memories."

"Sense delusions are likewise common in hypnosis; either as hallucinations or illusions... Hallucinations of all the senses and delusions of every conceivable kind can easily be suggested to a good subject. Just how real these effects are to the subject is evidenced in experiments where the image of the hallucination has been caused to double by a prism or mirror, magnified by a lens, and in many other ways behave optically like a real object."

"Subjects will eat a potato for a peach, or drink a cup of vinegar for a glass of champagne. He may be thrown into a state of intoxication by being caused to drink a glass of water under the impression that it is gin, or he may be restored to sobriety by the administration of gin under the guise of an antidote for drunkenness."

"Various physiological effects can be produced in the state of hypnosis. A subject can be caused to weep and shed tears on one side of the face and laugh with the other. The pulse can be quickened or retarded, respiration

slowed or accelerated, or temporarily arrested, and perspiration can be produced -- all by suggestion. Even the temperature can be affected."
"A blister can be caused on a sound and healthy skin by applying a postage stamp and suggesting that it is a strong mustard plaster; or placing upon the skin a key or coin with the suggestion that after waking, a blister will appear at the spot where the key or coin had been placed."
These descriptions, written in 1909, remain accurate today. Every phenomenon Hollander described has been independently replicated, confirmed by brain imaging, or both.

What Hypnosis CANNOT Do

It Cannot Create Talent

You cannot hypnotize someone into playing the piano better if they have never learned to play. You cannot hypnotize a poor swimmer into competing in the Olympics. You cannot hypnotize a person with no rhythmic sense into dancing the ballet. Hypnosis can help someone express the talent they already possess more effectively, can reduce the anxiety that blocks performance, can improve focus during practice. It cannot install a skill that does not exist.

If someone claims to be able to "program" you to speak fluent French in one session, it means you already learned some French and hypnosis will help you access it more fluently under pressure, not that you start from zero and end at fluency.

It Cannot Force You to Act Against Your Will

A hypnotized subject will not jump off a cliff if told to. Will not steal a wallet if told to. Will not kiss a stranger if told to. Will not reveal a deeply buried secret if told to. These are not guarantees made by hypnotists to reassure reluctant subjects; they are facts demonstrated repeatedly through centuries of practice and hundreds of thousands of sessions.

A subject may carry out a suggestion that seems embarrassing, unusual, or contrary to habitual behavior. But they will not carry out a suggestion that conflicts with a deeply held value or that seems physically dangerous. The subject does not surrender will; the subject temporarily surrenders analytical vigilance. The will remains intact, filtering suggestions in the background even while the conscious mind appears passive.

It Cannot Restore Lost Abilities Completely

Hypnosis can help a paralyzed arm move through ideomotor suggestion. It can help a person who has lost their voice speak briefly through trance. It can help someone who forgot a name recall it. But hypnosis cannot fully restore an ability that has been neurologically lost. A blind subject cannot be made to see normally under hypnosis. A-deaf subject cannot be made to hear perfectly. A paralyzed limb with no nerve connection cannot be made to walk after waking. The mind can produce remarkable effects, but it cannot override complete physiological disconnection.

It Cannot Erase All Memory

A subject told to forget their name will typically forget only their name, or at most a small set of recently learned facts. A subject told to forget everything that happened during a session will typically not remember the session at emergence. But the unconscious retains traces of everything that happened. Material forgotten on emergence is typically retrievable on cue. Total amnesia for a person's entire identity is rare and usually temporary; the subject may respond "I don't know" when asked their name, but will answer other questions correctly and show implicit knowledge of their life.

It Cannot Cure Every Condition

Hypnosis is not a cure-all. It helps with pain, anxiety, IBS, insomnia, nicotine dependence, andPerformance anxiety, with moderate to strong evidence. It helps with some phobias, some habit disorders, some aspects of PTSD, with moderate evidence. It helps many people with stress, confidence, and relaxation, with strong subjective evidence but variable objective measures.

Hypnosis does not reliably cure epilepsy. It does not reliably cure schizophrenia. It does not reliably cure clinical depression on its own (though it helps as an adjunct). It does not reverse organic brain damage. It does not cure diabetes or eliminate the need for insulin, though it can reduce blood glucose variability through stress modulation. It does not cure cancer, though it can improve quality of life during treatment.

It Cannot Produce True Past-Life Recall

A subject may vividly describe "remembering" life as a Victorian child, a Roman soldier, or an Egyptian queen, with full sensory detail, accurate clothing, and appropriate speech. But these memories resemble the subject's reading, movies, and cultural knowledge far more often than they resemble verifiable historical facts unknown to the subject beforehand. The brain constructs these memories beautifully. They feel real. But they are typically reconstructions, not recordings. Past-life regression is a form of guided imagination enhanced by suggestion, verified by subjective experience but not independently corroborated.

It Cannot Bypass the Need for Practice

A subject told they will play a piano piece flawlessly after one hypnotic session will play it better, with more confidence and less anxiety. But they will still make mistakes if they have not practiced the piece physically. Hypnosis accelerates learning and improves retention, but it cannot replace the physical and neural practice that builds a skill. Imagined rehearsal helps, but physical execution requires physical conditioning.

It Cannot Make Everyone Respond Alike

Hypnosis does not produce identical effects in identical ways across all people. Some people respond dramatically to the slightest suggestion; others respond only gradually. Some people experience profound physical changes; others experience subtle mental shifts. Some people enter deep somnambulism on first contact; others require many sessions. This variation is normal. It reflects individual differences in imagination, attention, trust, cultural background, and personality structure.

A small percentage of people -- estimates vary from five to ten -- are relatively unresponsive to hypnosis under ordinary conditions. These are not "unhypnotizable"; they can often be hypnotized under the right conditions, with the right technique, or given sufficient time and rapport. But the degree of response does vary.

It Cannot Override Physiology Completely

Hypnosis can reduce the perception of pain from a broken arm. It can ease the muscle tension that causes a tension headache. It can slow a rapid heart rate. But hypnosis cannot stop the bleeding from a cut artery. It cannot breathe for a person whose lungs have collapsed. It cannot make a person live forever or stop aging. Hypnosis modulates perception and influences physiological processes that have a perceptual or autonomic component. It does not replace surgery, medicine, or nutrition.

It Cannot Force You to Do Something Physically Impossible

A subject cannot be made to lift a car. A subject cannot be made to squeeze a raw egg without breaking it even if told it is a hard-boiled egg (though under very specific conditions, with the right suggestion and support, a raw egg can survive moderate grip pressure). A subject cannot be made to hold a red-hot iron and then walk away without a mark (though the mark is typically smaller and heals faster than expected). The body's physical limits remain; hypnosis changes the relationship to those limits, not the limits themselves.

Evidence-Based Applications

By now, hypnosis has accumulated substantial evidence for its effectiveness in several domains:

Pain: Strong evidence for procedural pain, burn pain, headache/migraine, fibromyalgia, and chronic pain management. The American Psychological Association recognizes hypnosis as an evidence-based intervention for pain. Systematic reviews consistently show moderate to large effect sizes.

Gastrointestinal Disorders: Strong evidence for irritable bowel syndrome. Multiple randomized controlled trials show significant symptom reduction compared to control groups. The National Institute for Health and Care Excellence (NICE) in the UK recommends hypnosis for IBS.

Chemotherapy Nausea: Moderate to strong evidence that hypnosis reduces anticipatory and acute nausea in chemotherapy patients.

Anxiety and Perioperative Stress: Moderate evidence that hypnosis reduces preoperative anxiety, postoperative pain, and recovery time.

Smoking Cessation: Moderate evidence, with variable results depending on the protocol. Hypnosis produces remission rates in the range of 15-30% at one year, comparable to or exceeding some behavioral interventions, though lower than nicotine replacement in the short term. Long-term success depends on multiple sessions and reinforcement.

Insomnia: Moderate evidence that hypnosis improves sleep onset latency, sleep quality, and sleep maintenance, particularly when insomnia has an anxiety component.

Irritable Bowel Syndrome and Functional GI Disorders: Strong evidence. The most robustly supported clinical application of hypnosis in Western medicine.

Wound Healing: Moderate evidence that hypnotic suggestion can accelerate wound healing and immune function.

Habit Disorders: Moderate evidence for nail-biting, thumb-sucking, and enuresis in children.

The evidence for hypnosis in these domains is not marginal; it is respectable and growing. Meta-analyses consistently find that hypnotic interventions produce effects that are statistically significant and clinically meaningful in the domains listed above.

The evidence is weaker or mixed for weight loss, clinical depression (as monotherapy), PTSD, and addiction. It is emerging for autism-related, ADHD attention, tics, and dermatological conditions. It is strong for relaxation and moderate for performance enhancement.

No reputable meta-analysis has found hypnosis to be better than placebo at everything. No reputable meta-analysis has found it to be worse than placebo at anything. It is a tool, not a magic wand, and its effectiveness depends on the condition being treated, the skill of the therapist, the suggestibility of the patient, and the quality of the therapeutic relationship.

The Limits of Stage Hypnosis

Stage hypnosis demonstrates different things than clinical hypnosis does. On stage, the hypnotist screens for highly suggestible subjects, selects for compliance through group dynamics, uses loud suggestions that everyone can hear, and designs routines that are visually dramatic rather than therapeutically deep.

Stage hypnosis cannot reliably produce deep somnambulistic amnesia, deep age regression, or deep surgical analgesia in a group setting, because the demands of entertainment prioritize visibility over depth. Conversely, stage hypnosis can produce more dramatic physical phenomena, more public laughter, and more extreme behavioral effects than clinical hypnosis typically produces, because the environment and audience expect them.

Stage hypnosis is not clinical hypnosis. A stage hypnotist does not cure smoking, chronic pain, or anxiety in most volunteers. A clinical hypnotist does not typically make adults sing opera or crawl on all fours across the stage. Both use the same mechanism -- focused attention, relaxed critical faculty, heightened suggestibility -- but apply it to different goals with different techniques.

What the Subject Can and Cannot Do

The subject under hypnosis:

Can: - Reject any suggestion that conflicts with their values - End hypnosis at any time by opening their eyes or deciding to return - Memory what happened in trance (unless amnesia is suggested posthypnotic amnesia is suggested) - Hear the hypnotist's voice (unless deafness to specific sounds is suggested) - Feel pain normally (unless analgesia is suggested) - Respond to external events that demand attention (a fire alarm, a loud crash, a loved one calling their name) - Accept suggestions that produce after-effects (posthypnotic suggestions) that persist after emergence - Experience genuine physiological changes (heat, cold, numbness, muscle tension, relaxation, tears, laughter) - Form new memories during hypnosis - Retrieve old memories during hypnosis - Perform actions that feel involuntary even though they are under conscious control - Learn skills through imagined practice during hypnosis - Change their response to triggers after emergence through posthypnotic suggestion

Cannot: - Do something physically impossible (lift a truck, breathe underwater) - Forget everything about themselves completely (identity amnesia is typically partial and retrievable) - Recall verifiable past-life details unknown in waking life - Perform a skill flawlessly without having practiced it physically - Be made to act against their deepest moral convictions - Remember everything that happened during hypnosis (if amnesia is suggested; if not, memory is typically normal) - Feel painless during a deep bone fracture (moderate to severe pain will still be felt, though dulled) - Be kept in hypnosis indefinitely without an induction - Be controlled like a puppet by the hypnotist's will

Real-World Demonstrations

The boundaries of hypnosis are not theoretical; they are demonstrated daily in therapy rooms, operating theatres, sports arenas, classrooms, and offices around the world.

A child undergoing an IV insertion closes her eyes while the nurse gives her a hypnotic wind-up story. She feels the tape on her skin, hears the needle click, and sees the needle enter her arm, but feels no pain. The nurse calls it remarkable. The child calls it nothing special.

A soccer player with a hamstring tear enters a somnambulistic trance, visualizes the muscle repairing itself cell by cell, and reports feeling warmth and gentle tingling in the injured area. On follow-up, ultrasound shows faster tissue repair than expected. Whether hypnosis accelerated healing or the patient simply responded more efficiently to rehabilitation is debated. The outcome is positive either way.

A woman with severe claustrophobia who could not ride an elevator enters trance, imagines the elevator doors opening onto a meadow, feels the cool meadow air on her face, and emerges walking into a small elevator at a department store without closing her eyes.

A man who has smoked for forty years, two packs a day, sits in a therapist's office, enters trance, and is given a posthypnotic suggestion that the sight of a cigarette will make his stomach turn. At lunch the following day, his colleague offers him a cigarette. He looks at it, feels a wave of nausea, and sets it down. He does not crave another for three days. Then he craves one. Then another session. Then six more. At the end of eight weeks, he is cigarette-free. One year later, he is still cigarette-free. He credits the hypnosis and the weeks he spent not smoking. Six months after that, he has one cigarette at a wedding and does not resume smoking.

A student entering exams for the first time sits in a chair at the testing center, closes her eyes for thirty seconds, breathes slowly, and tells herself she is calm and focused. The breathing and focus are waking hypnosis: narrowed attention, relaxed critical anxiety, receptive imagination. She performs better than she expected. She attributed the improvement to "just calming down." The mechanism was hypnosis.

These are not miracles. They are examples of the same mechanism -- focused attention, relaxed critical faculty, heightened suggestibility -- applied to pain, motor function, behavior, memory, emotion, physiology, performance, and imagination. The results vary in magnitude but share a single underlying process.

The Plasticity of Reality

At the heart of everything hypnosis can do is one principle: reality is plastic. The mind constructs the world it experiences from sensory input, memory, expectation, and suggestion. Under ordinary waking conditions, the construction is relatively stable because the critical faculty filters and corrects the construction continuously. Under hypnosis, the critical faculty relaxes, and the construction becomes more responsive to suggestion.

This does not mean reality is arbitrary or imaginary. It means reality is constructed, and the construction can be directed. When a hypnotized subject's arm rises because they are told it is rising, the arm rises because the brain signals the muscles to contract. When a subject with a headache under hypnosis no longer feels it, the pain matrix quiets. When a subject feels warmth in their hand, the blood vessels dilate. When a subject remembers a childhood event in full sensory detail, the memory is real whether it is entirely accurate or slightly modified. All memory is slightly modified. That is how memory works.

The plasticity of reality is not a limitation of hypnosis. It is the foundation of hypnosis. If reality were fixed and unchangeable, hypnosis would do nothing. If reality were entirely arbitrary and unstable, hypnosis would do too much. The fact that reality is plastic, responsive to direction but constrained by physiology, history, and individual differences, is what makes hypnosis both powerful and useful.

Summary

Hypnosis can: - Modulate and often eliminate pain - Alter all five senses, producing illusions, hallucinations, and negative hallucinations - Produce involuntary movement and catalepsy - Regulate autonomic physiology: temperature, heart rate, respiration, digestion, immune response - Enhance and retrieve memory, create and erase temporary amnesia - Alter perception of time - Change emotion and mood rapidly and demonstrably - Influence behavior before, during, and after trance - Enhance creative imagination and creative problem-solving - Accelerate physical healing and improve sleep - Enable skilled performance through mental rehearsal - Temporarily shift self-concept and identity presentation - Induce deep somnambulistic phenomena in susceptible individuals

Hypnosis cannot: - Create abilities or talents not already present - Force action against core volition or values - Restore completely lost physiological function - Cure every disease or disorder - Produce verifiable past-life recall - Replace physical practice for motor skills - Make everyone respond identically - Override the laws of physics or basic biology - Control a subject like a puppet

Hypnosis is powerful because reality is plastic. It is limited because the mind and body have working parameters within which plasticity operates. Understanding both the power and the limits is the key to using hypnosis effectively, in therapy or on a stage, alone or with others.

Chapter 4: The Two Key Ingredients Rapport and Suggestibility

Nothing Happens Without Both

Everything we have explored in the previous chapters what hypnosis is, where it came from, what it can do depends on two things. Without them, hypnosis does not happen. With them, hypnosis becomes reliable, deep, and transformative. Those two things are rapport and suggestibility. They are not the same thing. They are not interchangeable. They are not alternatives. One does not replace the other. But each without the other is incomplete. Rapport is the bridge between the hypnotist and the subject. Suggestibility is the quality of the mind that crosses that bridge. Rapport builds the path. Suggestibility walks it. Rapport creates trust. Suggestibility responds to it. Without rapport, suggestibility has nowhere to go. Without suggestibility, rapport is unoccupied. Together they create the conditions under which hypnosis works.

Every hypnotist, every era, every method, every technique from the sleep-temples of ancient Egypt to the modern therapy room, from stage hypnotism to conversational hypnosis, from Braid's eye fixation to Erickson's indirect language works through one mechanism: building a connection that increases responsiveness to ideas. That mechanism has two halves. One half is relational. The other half is mental. Together they form what is sometimes called the "prestige and faith" relationship, though that term captures only one of its several dimensions.

This chapter explains those two ingredients in depth, how they interact, how each is built, how each is measured, how each varies from person to person and from situation to situation, and how the skilled hypnotist manipulates both simultaneously to produce reliable hypnotic results.

PART I: RAPPORT

What Rapport Actually Is

Rapport is not the same as friendliness. It is not the same as likability. It is not the same as charm. Rapport is a specific psychological state in which two people feel in sync, aligned, understood, and mutually connected. When rapport exists, the subject feels that the hypnotist understands them, that the hypnotist is safe, that the hypnotist's voice matters, that the hypnotist's presence is worth attending to. When rapport exists, the subject's natural skepticism softens. Their attention opens. Their imagination activates. Their responsiveness increases.

Rapport is often described as "chemistry" between two people. Chemistry is not a bad metaphor. Like chemical reactions, rapport depends on the right composition, the right conditions, and the right catalyst. The composition is the personalities, backgrounds, and expectations of both people. The conditions are the environment, the timing, the framing of the interaction. The catalyst is the behavior of the hypnotist what they say, how they say it, what they do, how they listen, how they observe.

The Russian psychologist Radoievich defined rapport as "a state of mutual understanding, identity, or community." This definition captures something important: rapport is a two-way phenomenon. It is not what the hypnotist does. It is what happens between them and the subject. The hypnotist can build the structure. The subject has to live in it.

The Foundations of Rapport

Every hypnotist builds rapport from the same basic materials. How they combine those materials, in what order, and to what degree varies. But the materials are always the same.

1. Genuine Interest

The subject can tell whether the hypnotist genuinely cares about them or is going through the motions. Genuine interest is the foundation of all rapport because it signals safety. When you are genuinely interested in someone, you look at them. You listen to them. You notice small details. You remember what they tell you. They feel seen. Feeling seen is one of the most powerful prerequisites for hypnosis because hypnosis requires vulnerability. The subject must allow their attention to narrow, their critical faculty to relax, their imagination to activate. This is easier when they feel genuinely seen and understood by the person directing them.

Genuine interest does not mean being warm, friendly, or emotional. It means paying attention with full presence. A surgeon can show genuine interest in a patient by being precise, attentive, and thorough. A stage hypnotist can show genuine interest by being engaged, observant, and responsive. The form varies. The substance is the same.

2. Trust

Trust is what allows the subject to let go. When the hypnotist says "your hands will lock together," the subject allows them to. When the hypnotist says "look at this," the subject looks. When the hypnotist says "you will forget your name," the subject allows the forgetting to happen. Trust is the vehicle across which hypnotic suggestions travel from the hypnotist to the subject's mind. Without trust, suggestions bounce off the surface. With trust, they sink in.

Trust does not require liking the hypnotist. The subject does not need to think the hypnotist is funny, attractive, kind, or interesting. The subject merely needs to trust that the hypnotist knows what they are doing and will not let anything damaging happen. This is why the stage hypnotist's confident presentation matters enormously. Confidence signals competence. Competence signals safety. Safety signals trust. Trust enables hypnosis.

3. Attention

Attention is both a component of rapport and a product of it. Building rapport requires directing the subject's attention to you. Maintaining rapport requires holding that attention. Losing attention breaks rapport. Regaining attention restores it.

Some hypnotists mistake attention for rapport. They produce attention through dramatic gestures, loud voices, or unusual behavior. The subject watches but does not necessarily connect. True rapport is not attention. It is the quality of connection that accompanies sustained, focused attention. You can have attention without rapport (a scary movie), and you can have rapport with quiet attention (a gentle conversation). For hypnosis, you want both: sustained, focused attention delivered within a context of genuine connection.

4. Expectation

Expectation is arguably the most powerful rapport-building tool available to the hypnotist. When a subject expects to be hypnotized, their mind prepares for it. Their attention narrows. Their critical faculty relaxes. Their imagination activates. Their body responds. Expectation is built through the hypnotist's presentation, through the subject's prior beliefs, through the context of the interaction, through the words spoken before induction begins.

The pretalk, the introduction, the way the hypnotist describes what is about to happen, the language used to frame experience all of these shape expectation. A subject who expects deep, pleasant hypnosis enters deeper, more pleasant hypnosis than a subject who expects shallow, uncertain hypnosis. Expectation is not belief. It is anticipation. The subject does not need to believe hypnosis will work. They merely need to expect that it might, and their mind performs accordingly.

Building Rapport: Techniques and Methods

There are dozens of ways to build rapport. They fall into several broad categories. Every hypnotist develops their own preference based on their

personality, their style, and the situations in which they work. But all effective rapport-building techniques share the same core mechanism: making the subject feel connected to the hypnotist, attending to the hypnotist, and responsive to the hypnotist's direction.

Matching and Mirroring

When two people share the same posture, breathing rhythm, muscle tension, gestural style, and speech patterns, they feel more connected. Matching and mirroring exploits this phenomenon. When the hypnotist subtly adopts the subject's breathing rate, the subject feels at ease. When the hypnotist matches the subject's speech tempo, the subject feels understood. When the hypnotist mirrors the subject's postural lean, the subject feels aligned.

The key to effective matching and mirroring is subtlety. Obvious mirroring creates an uncanny effect that distracts rather than connects. Subtle mirroring operates below conscious awareness and produces genuine felt connection. Match the subject's breathing for ten seconds, then gradually slow your own breathing while maintaining the match. If the subject is speaking quickly, speak quickly at first, then gradually slow your pace. If the subject leans forward, lean forward slightly. These micro-adjustments create a sense of synchrony that the subject experiences as rapport.

Pacing and Leading

Pacing and leading is the verbal form of mirroring. You pace the subject's experience by stating things they already know to be true, then lead them toward new experience by stating things they may not yet know but can accept. "Your eyes are open and you can hear my voice. You may be wondering if this will work. And as you settle into the chair, you begin to notice how comfortable it is." You pace with "your eyes are open," "you can hear my voice," "you may be wondering." You lead with "you begin to notice how comfortable it is."

The subject's mind accepts the pacements automatically because they are true. Each accepted pace reduces resistance. Each acceptance makes the subject more likely to accept the next statement, whether paced or led. A sequence of accepted facts creates momentum. Momentum produces compliance. Compliance deepens trance.

This technique works whether the facts are about the external environment or internal experience. Pacing sensory experience: "You can feel the floor beneath your feet and you can hear the sound of my voice." Pacing emotional experience: "You may feel a little curious and probably a little unsure of what will happen." Pacing cognitive experience: "You are reading these words and deciding whether they make sense."

Eye Contact and Gaze

Eye contact is one of the most powerful rapport-building tools. Sustained, calm eye contact signals presence, attention, and safety. When you look into someone's eyes with steady attention, they feel seen. When you look away

too frequently, they feel distracted. When you stare too intensely, they feel pressured. The balance is steady, warm attention with periodic soft breaks. In hypnosis, eye contact deepens rapport because it narrows the subject's world to two points: their own experience and the hypnotist's face. The subject's attention locks onto the hypnotist's gaze, and the rest of the environment fades. This is why eye-fixation inductions work: they use the hypnotist's eyes or an object held near the eyes as the focal point that anchors attention and establishes rapport simultaneously.

Using the Subject's Name

The subject's name activates their attention, signals personal connection, and builds immediacy. Using a name once during the pretalk builds rapport. Using a name during induction grounds the subject in personal connection. Using a name during the deep work anchors suggestions to personal identity.

But overuse creates artificiality. Underuse creates distance. The right amount is once or twice during the pretalk, once or twice during induction, once or twice during the work, and once or twice at emergence. Enough to establish personal connection. Not enough to feel performative.

Voice Matching

The hypnotist's voice carries enormous rapport-building power. When the voice is calm, the subject feels calm. When the voice is confident, the subject feels assured. When the voice is warm, the subject feels safe. When the voice matches the subject's preferred listening style the pace, the tonality, the rhythm the subject feels unconsciously aligned.

Some subjects respond to a slow, low, rhythmic voice. Others respond to a quicker, brighter, more animated voice. The skilled hypnotist matches the voice to the subject. A nervous, anxious subject may benefit from a slower, softer voice that models relaxation. An energetic, impatient subject may benefit from a slightly quicker, confident voice that matches their tempo and then gradually slows. An analytical subject may benefit from a clear, measured voice with deliberate pauses. An imaginative subject may benefit from a lyrical, flowing voice with emotional variation.

Active Listening

Active listening means hearing not just the subject's words but what lies behind them. When a subject says "I've never been hypnotized before," the active listener hears "I'm not sure what to expect" or "I have some doubts" or "I'm curious but cautious." The response addresses the underlying state, not just the surface words. "That's perfect. First-time subjects often have very vivid experiences. You don't need any prior experience."

Active listening builds rapport because it makes the subject feel understood at a deeper level than superficial conversation. It signals that the hypnotist is paying attention not just to what is said but to how it is said, to the emotions behind the words, to the questions not yet answered.

The Prestige and Faith Relationship

The concept of "prestige and faith" comes from classic hypnotic literature describing the relationship between hypnotist and subject. Prestige does not mean popularity. It means perceived authority, competence, and capability. Faith does not mean religious belief. It means confidence in the hypnotist's ability to produce the expected result.

Prestige is built through presentation, voice, posture, confidence, prior reputation, and the way the hypnotist commands attention. A stage hypnotist builds prestige through dramatic entrance, authoritative voice, confident gestures, and successful induction of multiple subjects. A clinical hypnotist builds prestige through calm professionalism, clear explanation, attentive listening, and comfortable office environment. A street hypnotist builds prestige through immediate self-presentation, casual confidence, and the ability to hypnotize anyone on the spot.

Faith is built through expectation, suggestion, early success, and maintained authority. When the subject sees their hand rise at the suggestion, faith increases. When the subject feels their eyes grow heavy and close at the suggestion, faith deepens. When faith is present, suggestibility increases. When suggestibility increases, rapport deepens. When rapport deepens, the subject enters deeper trance. The loop continues.

Prestige brings the subject to the doorway. Faith carries them through it. Without prestige, the subject does not trust the hypnotist. Without faith, the subject does not trust the result. Together, they produce the environment in which hypnosis flourishes.

Rapport in Different Settings

Rapport is built differently in different settings, but the underlying principles are the same.

Clinical rapport is built slowly, deliberately, and personally. The subject sits in a chair, the hypnotist asks about their reasons for seeking hypnosis, their expectations, their concerns. The hypnotist listens, responds, explains. The rapport is verbal, personal, and sustained over the full session.

Stage rapport is built quickly, publicly, and collectively. The hypnotist commands the attention of hundreds. The subject volunteers individually. The rapport is a blend of personal connection with the individual and collective energy from the audience. The stage hypnotist uses the audience as a rapport amplifier: laughter, applause, and shared excitement deepen the connection between every subject and the hypnotist simultaneously.

Street rapport is built in seconds, conversationally, and with minimal preparation. The hypnotist approaches a stranger, introduces themselves, asks if they can show them something cool. The rapport is immediate, casual, and dependent on the hypnotist's inherent confidence and charisma. Street rapport collapses quickly if confidence wavers.

Conversational rapport is subtle, embedded in ordinary dialogue, and often unconscious. The subject talks about the weather, a movie, a recent

event. The hypnotist listens, responds, matches, paces, and leads. The subject enters trance during ordinary conversation without knowing it. Conversational rapport is the form most commonly used in Ericksonian hypnosis, where the hypnotist weaves suggestion into the fabric of everyday speech.

Group rapport is built simultaneously with multiple subjects. The hypnotist addresses the group as a single entity while noticing individual responses. Group rapport depends on collective energy, shared expectation, and the hypnotist's ability to address hundreds of people with the same intimacy as one.

What Can Break Rapport

Rapport is easy to break. Here are the most common causes:

Distraction. Environmental noise, a phone ringing, a door opening, an uncomfortable chair. When attention shifts away from the hypnotist, rapport weakens. The skilled hypnotist notices and redirects: "You may hear the clock ticking, and that's fine," or "The door may open behind you and you may feel distracted, and you can let that happen while keeping your attention here."

Contradiction. When the hypnotist says one thing and does another, the subject's critical faculty activates. When the hypnotist promises depth but produces light trance, faith decreases. When the hypnotist's body language contradicts their words saying "relax" while fidgeting rapport suffers.

Time. Long waiting periods between introduction and induction erode rapport. The subject sits, wonders, fidgets. Their attention drifts. Their confidence wavers. The skilled hypnotist minimizes wait time. Every second between "I will hypnotize you" and "close your eyes" is a second of rapport decay.

Incongruence. When the hypnotist's voice, body language, and words do not match, the subject feels uneasy. "You're safe here" said with tense shoulders and quick eyes creates incongruence. The subject responds to the nonverbal signal, not the verbal one.

Over-talk. Too much talking before induction breaks rapport. The long pretalk, the detailed explanation, the scientific lecture: all of these keep the subject in their conscious, analytical mind. The subject sits through an hour of listening and has not yet experienced hypnosis. Their interest fades. Their confidence wavers. The skilled hypnotist respects the subject's intelligence while respecting their time. Brief explanation. Confident presentation. Immediate induction.

Values Spotting: The Deepest Rapport

One of the most sophisticated rapport-building techniques described by modern practitioners is "values spotting." Every person operates from a hierarchy of values beliefs about what matters most in life. A person who values freedom responds to suggestions framed around choice. A person who values security responds to suggestions framed around safety. A

person who values achievement responds to suggestions framed around progress. A person who values connection responds to suggestions framed around relationships.

When the hypnotist identifies a person's core values through casual conversation and then weaves those values into hypnotic suggestions, rapport deepens to an extraordinary degree. The subject feels that the hypnotist understands not just their surface experience but their deep motivational structure. The suggestions feel personally relevant, deeply fitting, almost custom-made. The unconscious mind recognizes the values as its own and responds eagerly.

Values spotting occurs naturally in conversation. "What do you enjoy most about your work?" reveals achievement or creativity. "What do you look forward to?" reveals hope or anticipation. "What makes a day good for you?" reveals peace or connection. The skilled hypnotist listens for values, notes them, and weaves them into suggestions without the subject consciously noticing the connection.

PART II: SUGGESTIBILITY

What Suggestibility Is

Suggestibility is the degree to which a person responds to suggestions. It is not a single trait. It is a constellation of abilities: the ability to focus attention, the ability to imagine vividly, the ability to relax mental control, the ability to accept ideas without analysis, the ability to let internal experience guide perception, the ability to allow involuntary responses to occur.

Some people are highly suggestible. Suggestions produce dramatic, reliable effects with minimal induction. Their arms levitate. Their hands lock. Their sensations shift. Their memories enhance. Their pain disappears. Their emotions change. Their perception alters.

Some people are moderately suggestible. Suggestions produce noticeable but subtle effects. They feel warmth or heaviness. They feel relaxed and focused. They remember fragments of forgotten events. Their hands show mild ideomotor movement. Their responses are reliable but less dramatic.

Some people are minimally suggestible under ordinary conditions. Suggestions produce faint responses that appear only after repetition or after rapport has been carefully built. Their responses may be subtle, delayed, or inconsistent. But they are not unresponsive. Given the right conditions, the right technique, and sufficient rapport, virtually everyone responds to suggestion to some degree.

Suggestibility is not fixed. It varies by person, by situation, by technique, by depth of rapport, by expectation, by motivation, by cultural context, by age, by mental state, by environment, by fatigue, by stress, by interest, by imagination, by personality structure, by prior experience with hypnosis, by the hypnotist's skill, by the hypnotist's confidence, by the subject's willingness.

Levels of Suggestibility

Hypnotic suggestibility exists on a continuum. Researchers have developed scales to measure position on that continuum. The two most widely used are the Stanford Hypnotic Susceptibility Scales (developed by Ernest Hilgard and Andr�� Weitzenhoffer) and the Harvard Group Scale of Hypnotic Susceptibility (developed by Morgan and Hixon). Both present a series of increasingly difficult suggestions and score the subject based on how many they respond to positively.

The Stanford scales reveal that suggestibility roughly follows a bell curve in the general population. A small percentage (around five percent) respond very weakly under ordinary conditions. A slightly larger percentage (five to ten percent) respond only moderately. The majority respond with moderate to strong suggestibility. A significant minority respond with very strong suggestibility. And a very small percentage respond with extreme suggestibility, producing dramatic hypnotic phenomena with minimal effort.

But these scales measure only one thing: responsiveness to standardized suggestions in controlled laboratory conditions. Suggestibility in the real world is more complex. A person who scores low on the Stanford scale may respond dramatically under clinical conditions with excellent rapport and individualized suggestions. A person who scores high may respond weakly on stage with a hypnotist whose style does not match their preferences. Context matters enormously.

What Influences Suggestibility

Imagination

Imagination is the gateway to suggestibility. The more vividly a person can imagine, the more responsive they are to suggestion. When a subject vividly imagines warmth in their hand, the hand warms. When a subject vividly imagines heaviness in their arms, the arms grow heavy. When a subject vividly imagines a forgotten memory, the memory resurfaces with sensory detail. When a subject vividly imagines a smell, the brain's olfactory regions activate as if the smell were real.

Imagination is not fancy thinking. It is sensory-level mental representation. High imagers create rich, detailed, multi-sensory mental images. Low imagers create faint, vague, fragmented mental representations. The difference is not voluntary. It is neurological. And it determines, in large part, how deeply a person responds to hypnotic suggestion.

Most hypnotic techniques work by stimulating imagination. Vivid descriptions, sensory language, metaphorical imagery, and detailed scenarios all increase imaginative involvement, which increases suggestibility. A suggestion that asks the subject to see, hear, feel, smell, and taste increases suggestibility through the accumulation of sensory engagement.

Expectation

Expectation is arguably the single strongest predictor of hypnotic response. When a subject strongly expects a certain response to occur, that response occurs. This is the placebo effect in its purest form: the belief that something will happen produces the physical and psychological changes associated with that something happening.

A subject who has been hypnotized successfully before expects hypnosis to work. Their suggestibility increases. A subject who has friends who were easily hypnotized expects hypnosis to work. Their suggestibility increases. A subject who watches a dramatic stage induction expects hypnosis to work. Their suggestibility increases. A subject who reads a description of hypnotic phenomena expects hypnosis to work. Their suggestibility increases. Conversely, a subject who expects to be difficult to hypnotize responds less readily than the same subject who expects to relax easily. The expectation modifies the subject's attention, their openness, their imagination, and their willingness to allow involuntary responses.

Motivation

Motivation is the desire for hypnosis to work. A subject motivated to experience deep hypnosis, to benefit from therapeutic suggestion, to enjoy the experience, or to produce dramatic phenomena for an audience responds more strongly than a subject motivated to observe, to test the hypnotist, or to resist.

Motivation interacts with expectation. High expectation plus high motivation produces the strongest hypnotic response. Low expectation plus low motivation produces the weakest. Medium levels of both produce moderate response. Neither extreme is fixed. The hypnotist can raise expectation through demonstration and explanation. The hypnotist can raise motivation through framing and reinforcement.

Relaxation

Relaxation is not hypnosis. But relaxation increases suggestibility. When muscular tension decreases, the mind follows. When breathing slows, the mind follows. When the critical faculty relaxes its analytical grip, suggestibility increases. A relaxed subject accepts suggestion more readily than a tense subject.

But deep relaxation is not required for suggestibility. Alert, energized subjects can be highly suggestible. An anxious subject awaiting surgery is in a deep hypnotic state: narrow attention, suspended critical analysis, heightened responsiveness to the surgeon's words. The suggestibility is driven by expectation and motivation rather than relaxation, and it is every bit as potent.

Attention

Attention is the mechanism by which suggestion enters the mind. When attention is narrowly focused, the mind processes fewer competing signals, the critical faculty has fewer resources for analytical processing, and the unconscious mind receives suggestion more directly. Attention and

suggestibility share a causal relationship: focused attention increases suggestibility, and heightened suggestibility narrows attention.
The hypnotist's techniques for inducing hypnosis are all techniques for narrowing attention. Eye fixation narrows attention to a single point. Progressive relaxation narrows attention to bodily sensation. Confusion narrows attention as the mind searches for meaning. Counting narrows attention to sequential numbers. Storytelling narrows attention to narrative content. Every narrowing of attention is an increase in suggestibility.

Cultural Context

Cultural context shapes suggestibility in profound ways. A subject from a culture that emphasizes direct eye contact, authoritative figures, and structured rituals responds more readily to traditional direct hypnosis. A subject from a culture that values indirect communication, storytelling, and group harmony responds more readily to conversational, metaphorical hypnotism.
Cultural hypnotism the everyday hypnotic influence of advertising, education, religion, and media shapes what subjects expect from hypnosis and how they interpret hypnotic suggestions. The skilled hypnotist leverages cultural context: using culturally familiar metaphors, culturally appropriate language, and culturally expected patterns of response.

Age

Children tend to be more suggestible than adults. Their imagination is more vivid. Their critical faculty is less developed. Their willingness to accept imaginative experience is higher. Their ability to absorb stories, metaphors, and scenarios is greater. Children's suggestibility peaks between ages five and seven and then gradually declines as analytical thinking develops.
Adolescents show variable suggestibility. Some respond well; others resist through the natural adolescent drive toward autonomy and self-definition.
Adults typically show moderate suggestibility. Their imagination is well-developed but filtered by analysis. Their expectations are shaped by experience. Their motivation is clear. Their suggestibility is reliable but less dramatic than children's.
Elderly subjects show variable suggestibility. Some are highly suggestible, particularly when motivated by health concerns. Others are less suggestible due to habitual skepticism, habitual independence, or hearing or vision impairment that interferes with the hypnotist's voice or gestures. The skilled hypnotist adapts to the individual regardless of age.

Measuring Suggestibility: Tests and Procedures

Suggestibility is not abstract. It can be measured through direct testing. Classic hypnotic tests, sometimes called "convincers," demonstrate suggestibility through physical phenomena that the subject can observe and confirm for themselves.

Arm Levitation

The subject's arms are held at the sides. The suggestion is given: "In a moment your right hand will begin to lift upward, slowly, naturally, as if pulled by a thread." The subject watches their hand rise. The rising is usually gradual, involuntary, and unmistakable. Suggestibility is demonstrated through direct observation.

Arm Catalepsy

The subject's arm is raised and the suggestion is given: "Your arm is locked stiff, rigid, immovable. It will not bend." When the hypnotist attempts to bend the arm, it resists. The subject feels the stiffness from within and sees the resistance from without. Suggestibility is demonstrated through resistance to external force.

Hand Locking

The subject's hands are clasped together. The suggestion is given: "Your hands are locking together tightly, stronger and stronger. They will not separate." When the subject tries to separate their hands, they cannot. Suggestibility is demonstrated through involuntary motor constriction.

PostHypnotic Amnesia

The subject's name is stated. The suggestion is given: "When I snap my fingers, you will not remember your name." The snap. "What is your name?" The subject responds: "I don't know." Suggestibility is demonstrated through temporary memory disruption.

Sensory Suggestion

The subject is told: "You can smell a fresh rose." The subject smells the rose. The subject is told: "You can feel warmth in your hand." The skin temperature rises. Suggestibility is demonstrated through sensory hallucination and physiological change.

Cold Test

The subject's forehead is touched with a cold object (a coin, a key, a test tube). The suggestion is given: "This will leave a white mark on your forehead." When the object is removed, a white mark appears at the contact site. Suggestibility is demonstrated through vasoconstriction producing a visible wheal-and-flare reaction. These tests serve three purposes: they demonstrate suggestibility to the subject (building faith), they calibrate the subject's level of suggestibility for the hypnotist (informing technique), and they deepen trance through the experience of responsiveness itself (deepening the state).

Direct vs. Indirect Suggestibility

Suggestion can be delivered directly or indirectly.

Direct suggestion is clear, explicit, and unambiguous. "Your arm will rise." "Your eyes will close." "You will feel calm." Direct suggestions work best in deeper trance states, with highly suggestible subjects, with stage hypnotism where clarity and visibility matter, and with subjects who prefer clear direction. Direct suggestions can be delivered authoritatively ("Your arm rises") or permissively ("Your arm may rise if it wishes").

Indirect suggestion is embedded within longer statements, metaphors, stories, or confusion. "As you listen to my voice, you may begin to notice that your arm grows heavier." "Some people find that by the time they reach three, they are deeply relaxed." "A seed grows underground without the planter watching, and in the same way your unconscious mind organizes the suggestions you have heard." Indirect suggestions work best in lighter trance states, with analytical subjects, with resistant subjects, in conversational hypnosis, and in Ericksonian therapy where avoiding the critical faculty is essential.

Both forms work. Both produce the same underlying mechanism: the acceptance of an idea by the mind beyond normal analytical scrutiny. The difference is in the delivery, not the destination.

The Role of Critical Faculty in Suggestibility

Suggestibility is inversely related to critical faculty activity. When the critical faculty is highly active analytical, skeptical, evaluating suggestibility is low. When the critical faculty is relaxed passive, accepting, non-analytical suggestibility is high.

Hypnotic inductions are techniques for relaxing the critical faculty. Eye fixation tires the visual system, which signals the brain to reduce analytical processing. Progressive relaxation reduces muscular tension, which signals safety to the brain, which reduces vigilance, which reduces critical faculty activity. Confusion overwhelms the analytical system, which forces it to step aside, which creates opening for suggestion. Deep breathing shifts autonomic balance, which calms the mind, which relaxes critical faculty vigilance. Counting provides a repetitive focal point that absorbs analytical capacity, which reduces resources for critical evaluation.

The critical faculty is not the enemy. It is a security guard, filtering incoming information and deciding what is worth processing. Under normal conditions, this is essential. Under hypnosis, the guard is temporarily asked to step aside for specific deliveries new beliefs, changed perceptions, altered sensations and then resume normal duties.

Suggestibility Under Different Conditions

In ordinary waking consciousness: Subjects respond to suggestion constantly. The advertising slogan, the motivational speech, the compelling story: all of these produce hypnotic-level suggestibility when the subject's attention is engaged and their critical faculty is relaxed. Reading a novel is hypnotic suggestibility. Watching a movie is hypnotic suggestibility. Being lost in conversation is hypnotic suggestibility.

In light trance: Suggestibility increases. The subject responds more readily to physical suggestions (arm rising, hand locking) and to mild sensory suggestions (warmth, heaviness). The critical faculty is partially relaxed but not fully suspended. Analytical thoughts may still occur but do not interrupt the hypnotic experience.

In medium trance: Suggestibility is strong. The subject responds reliably to motor phenomena, sensory hallucinations, negative hallucinations (not seeing something present), temporary amnesia, time distortion, and posthypnotic suggestions. The subject may or may not remember details after emergence depending on whether amnesia was suggested.
In deep trance (somnambulism): Suggestibility is profound. The subject responds to complex motor phenomena (levitation, catalepsy, identity alteration), vivid sensory hallucinations (seeing, hearing, smelling, tasting objects not present), strong negative hallucinations (not seeing a person present, not hearing a sound played loudly), age regression, split consciousness, and deep analgesia. The subject retains access to the hypnotist's voice and typically remembers the experience after emergence.
In waking conversation: Suggestibility operates beneath conscious awareness. Embedded suggestions, metaphors, and pacing-and-leading statements produce changes in feeling, perception, and behavior without the subject knowing hypnosis occurred. This is the form most commonly described as "conversational hypnosis" and is the form most commonly used in everyday life without being recognized as hypnosis.

Individual Differences in Suggestibility

No two people respond identically to hypnosis. Individual differences in suggestibility are influenced by:
Personality: Openness to experience correlates with hypnotic suggestibility. Creative people tend to be more suggestible. Imaginative people tend to be more suggestible. People who enjoy fantasy, storytelling, and daydreaming tend to be more suggestible. People who are analytical, skeptical, or rigidly logical tend to be less suggestible under ordinary conditions though not unresponsive.
Prior experience: Someone who has been hypnotized before responds more readily than someone who has never been hypnotized. Positive prior experience builds expectation and reduces anxiety. Negative prior experience may reduce expectation but not necessarily suggestibility if rapport is strong.
Situational context: A subject on stage responds differently than the same subject in a therapy room. The excitement, the audience, the expectation, the social pressure all modify suggestibility. A subject in a dark, quiet room responds differently than the same subject in a noisy kitchen. Environmental factors shape attention and thus suggestibility.
Hypnotist's style: A subject responds differently to different hypnotists. Match between hypnotist style and subject preference produces higher suggestibility. Mismatch produces lower suggestibility. The skilled hypnotist adapts their style to the subject. The master hypnotist adapts the subject to their own style through built-up rapport and expectation. The relationship between the two is dynamic and contextual.

Time of day, stress level, fatigue, alcohol, caffeine, medication, illness, mood: All of these modify suggestibility. A tired subject may respond quickly to relaxation suggestions but more slowly to motor phenomena. An anxious subject may respond well to calming suggestions but show resistance to deeper trance. A subject in pain may respond well to analgesic suggestions. A subject in a good mood may respond more generally. The skilled hypnotist calibrates to the subject's immediate state and tailors suggestions accordingly.

The Relationship Between Rapport and Suggestibility

Rapport and suggestibility are intertwined. Rapport increases suggestibility by building trust, expectation, and attention. Suggestibility increases rapport by producing observable evidence that the hypnotist's suggestions work. Each reinforces the other in a positive feedback loop.

Strong rapport high suggestibility dramatic response deeper rapport even higher suggestibility even deeper response deeper rapport even higher suggestibility.

This loop continues until one of three things happens: the subject reaches maximum suggestibility for their level, the subject becomes satiated or distracted, or the hypnotist ends the session deliberately.

Weak rapport low suggestibility faint response weak rapport weak suggestibility weak response.

This loop can be broken by strengthening rapport (new explanation, new framing, new technique) or by producing a small demonstrable response (a convincer, a test, a simple suggestion) that shifts expectation and begins moving the subject upward.

Rapport without suggestibility produces a pleasant conversation with no hypnotic phenomena. The subject trusts the hypnotist but does not respond demonstrably. The effect of hypnosis may still be internal: relaxation, subtle perceptual shifts, mild emotional changes but no dramatic physical phenomena.

Suggestibility without rapport produces phenomena but with less depth and reliability. The subject responds to suggestions but may be distracted, may question the experience, may not feel emotionally connected to the hypnotist. Stage hypnotism often operates with moderate rapport and high suggestibility: the subjects are highly responsive to suggestion because their expectation is high and their attention is focused, even though their personal rapport with the hypnotist is relatively shallow.

Rapport and suggestibility together produce the full range of hypnotic phenomena: physical, sensory, cognitive, emotional, and behavioral responses that are dramatic, reliable, and memorable.

PART III: INTEGRATION WORKING BOTH INGREDIENTS SIMULTANEOUSLY

The Hypnotist's Dual Awareness

The skilled hypnotist maintains dual awareness: one attention on building rapport, one attention on monitoring suggestibility. While speaking induction language, the hypnotist watches the subject's eyes for signs of heaviness, watches their breathing for signs of slowing, watches their posture for signs of relaxation, watches their face for signs of absorption. The hypnotist adjusts pace, tone, and content based on these cues while simultaneously maintaining the verbal connection that sustains rapport.
This dual awareness is what separates experienced hypnotists from beginners. Beginners monitor only one channel: their own script. Experienced hypnotists monitor their script, the subject's responses, and the relationship between them. Beginners speak regardless of response. Experienced hypnotists adjust continuously.

Calibration: Reading Suggestibility and Rapport

Calibration is the ability to read the subject's current state from observable cues. Calibrated observation tells the hypnotist:
Are they responsive to suggestion? (Arm rising? Eyes closing? Breathing slowing?) Are they engaged with the hypnotist? (Eye contact? Nodding? Facial matching?) Are they following? (Verbal agreement? Motor compliance? Physical response?) Are they distracted? (Looking around? Fidgeting? Breathing irregularly?) Are they deepening? (Stillness? Heaviness? Drooping eyelids? Slowed speech rate for verbal responses?) Are they resisting? (Tension? Smiling nervously? Saying "I don't think this will work"? Pulling away?)
Each cue informs the next verbal delivery. If the subject's eyes are closing slowly, the hypnotist slows speech. If the subject's breathing is fast and shallow, the hypnotist adds breath-counting. If the subject is fidgeting, the hypnotist adds more vivid imagery. If the subject is deeply still, the hypnotist deepens with fractionation. If the subject is resisting, the hypnotist uses indirect language and permissive suggestions.

Building Rapport to Increase Suggestibility

When a subject shows low suggestibility, the first response is to strengthen rapport. This can mean:

- Slowing the induction pace to allow the subject to settle
- Adding more vivid sensory detail to stimulate imagination
- Using the subject's name to re-establish personal connection
- Pacing current experience more explicitly ("You are sitting here, you can hear my voice, you may feel a little unsure")
- Adding a simple convincer ("Watch your hand now notice how it's getting heavier")

- Changing the induction technique to one better matched to the subject's style
- Adding a brief deepener to stabilize whichever level of response is present
- Building expectation through demonstration ("As you watch your hand rise, you may notice how easy it is")

Each rapport-building technique simultaneously increases suggestibility. When the subject feels more connected, attention increases. When attention increases, critical faculty relaxes. When critical faculty relaxes, suggestion enters more easily. When suggestion enters more easily, response increases. When response increases, faith deepens. When faith deepens, the cycle continues.

Increasing Suggestibility to Deepen Rapport

When a subject shows strong suggestibility, the hypnotist amplifies it to deepen rapport:

- Noting the response explicitly ("There your hand rising, and you didn't even try")
- Building expectation ("If your hand can rise so easily, imagine what else your unconscious can do")
- Producing increasingly dramatic phenomena
- Adding posthypnotic suggestions that extend the experience
- Using fractionation to deepen the state further
- Layering sensory descriptions that build imaginative immersion
- Using the subject's values (identified through conversation) to create personally resonant suggestions

As suggestibility deepens, the subject's response becomes more automatic, more involuntary, more effortless. The subject notices this effortlessness and interprets it as evidence of the hypnotist's skill. Faith deepens. Rapport deepens. Suggestibility deepens further. The cycle continues.

The Minimum Effective Dose

Every hypnotist knows the feeling: you have just enough rapport and just enough suggestibility to produce a reliable response. Adding more induces deeper trance. Adding too much produces oversaturation, distraction, or fatigue. Finding the minimum effective dose the smallest amount of rapport and suggestibility needed to produce the desired hypnotic effect is an art developed through experience.

For a light trance demonstration at a party, the minimum effective dose is brief: introduce yourself confidently, get one simple physical response (hand sticking to wall or arm rising), note it with enthusiasm, and release. For a full therapeutic session, the minimum effective dose is larger: establish strong rapport, build deep suggestibility through induction, deepen through fractionation, deliver therapeutic suggestions at the deepest level of suggestibility, and emerge carefully.

The minimum effective dose varies by setting, by subject, by hypnotist, by time, by goal. The skilled hypnotist learns through calibration and experience to hit the target consistently.

Summary

Rapport and suggestibility are the twin foundations upon which all hypnotic work is built. Rapport is the relational connection that makes the subject willing, trusting, attentive, and open. Suggestibility is the mental capacity that allows ideas to pass from the hypnotist into the subject's experience without analytical filter. They are not independent. They do not operate separately. They interact, amplify, and reinforce each other continuously throughout every hypnotic encounter.

Everything the hypnotist does every word spoken, every gesture made, every technique used serves one or both of these two ingredients. The pretalk builds rapport and expectation. The induction establishes focused attention, relaxes the critical faculty, and increases suggestibility. The deepening techniques amplify suggestibility through repetition, fractionation, and imagery. The therapeutic suggestions ride on the wave of heightened suggestibility, delivered within the container of established rapport. The emergence reinforces rapport by leaving the subject feeling good about the experience, thereby increasing the likelihood of future suggestibility.

Some subjects need more rapport and less suggestibility work. Some need more suggestibility work and less rapport building. Some need both strengthened simultaneously. Some respond so strongly to one that the other follows automatically. The hypnotist's skill lies in reading the subject, calibrating the balance, and adjusting in real time to produce the most effective combination for that person, in that moment, for that purpose.

Nothing happens without both. With both, everything is possible.

Chapter 5: How to Induce Hypnosis (Step by Step)

The Induction: The Doorway Across

If rapport is the bridge between hypnotist and subject, and suggestibility is the quality of mind that crosses it, then the induction is the doorway. The induction is the specific sequence of words, gestures, and techniques that carries the subject from ordinary waking attention into the focused, absorbed state in which hypnosis operates. Everything before the induction the pretalk, the relationship-building, the expectation-setting serves one purpose: to make the induction possible. Everything after the induction the deepening, the suggestions, the therapeutic work depends upon it.

The word "induction" comes from the Latin *inducere*, meaning "to lead in." The hypnotist does not force, push, or magically transmit hypnosis into the subject. The hypnotist leads the subject in, by creating the conditions under which the subject's own mind naturally enters the hypnotic state. This is not a metaphor. It is a literal description of what happens: attention narrows, the critical faculty relaxes, suggestibility rises, and the subject experiences hypnosis as something their own mind produces. The hypnotist directs the process; the subject performs it.

This chapter explains every major step of hypnotic induction, from the initial pretalk through the final deepening commands, covering direct and indirect methods, rapid and gradual techniques, and the principles that unify them all. By the end, you will understand not just how inductions work but why they work, and how to choose, construct, and deliver the induction that fits each subject, each setting, and each purpose.

PART I: THE FOUR PHASES OF EVERY INDUCTION

Every hypnotic induction, regardless of technique, tradition, or style, consists of four phases. These phases may blend into one another, they may overlap, and in the case of rapid inductions they may occur within seconds. But they are always present in some form.

Phase 1: PreTalk (Expectation Building)

The pre-induction conversation, the pretalk, sets the stage for everything that follows. It is the brief period typically one to five minutes in impromptu hypnosis, five to ten minutes in clinical settings during which the hypnotist educates the subject about hypnosis, removes fears, builds trust, and heightens expectancy. The pretalk accomplishes five things: it removes fear of the unknown, eliminates misconceptions about hypnosis (especially the myth that hypnosis means sleep or unconsciousness), increases expectancy that hypnosis will happen, fires up the subject's imagination about what they might experience, and establishes the hypnotist's control of the situation.

A skilled hypnotist's pretalk is brief but potent. It explains that hypnosis is a natural state of focused attention, that the subject will hear every word, that they are in control, and that they can end it at any time. It might include a brief demonstration of a physical phenomenon or a suggestion of comfort. It ends with the hypnotist giving clear direction: "When I count to three, or when I snap my fingers, or when I say the word 'sleep,' your eyes will close and you will slip into hypnosis."

The pretalk is where the hypnotist's confidence is most visible. A subject who watches a confident hypnotist speak clearly, calmly, and authoritatively about hypnosis begins to expect that hypnosis will happen. Expectation is the single strongest predictor of hypnotic response. The pretalk builds it deliberately.

Phase 2: Focus (Attention Narrowing)

The second phase is the narrowing of attention. The hypnotist directs the subject's focus toward a single point: the hypnotist's voice, a spot on the ceiling, the sensation of breathing, the feeling of the arms growing heavy, an imaginary scene. As attention narrows, the rest of the environment fades. External sounds become background noise. Bodily sensations become internal. The subject's awareness contracts around the hypnotist's direction.

This phase is the core mechanism of every induction. Whether it is eye fixation, progressive relaxation, breathing awareness, confusion, or a rapid gesture, all inductions work by narrowing attention sufficiently that the critical faculty loses its resources for analytical processing and the unconscious mind becomes accessible. The hypnotist's words during this phase are designed to sustain the focus, deepen absorption, and signal to the subject that something is happening.

Phase 3: Surrender (Critical Faculty Bypass)

The third phase is the moment of surrender what Dave Elman called "the entering wedge." At this point, the subject's analytical guard drops. The critical faculty, which has been monitoring incoming information and evaluating it for acceptance, becomes temporarily relaxed or bypassed. The subject allows themselves to be led. Their mind accepts ideas without the usual resistance. This is not unconsciousness. It is selective thinking: the mind locking onto suggested ideas and processing them without interference from competing analysis.

In direct inductions, the surrender often comes with a clear command: "Sleep," "Close your eyes now," "Let go." In indirect inductions, the surrender comes more gradually, as the subject slips into trance without noticing the moment it happened. The hypnotist's language during surrender whether directive or embedded is the catalyst that allows the subject's mind to shift from analytical focus to receptive absorption.

Phase 4: Deepening (Stabilizing the Trance)

The fourth phase is deepening. Once the subject has entered trance, the hypnotist stabilizes the state by guiding the subject deeper. This may involve counting down from ten to one, suggesting that each breath takes them deeper, using imagery of descending stairs or elevators, or demonstrating depth through physical responses such as arm catalepsy or hand locking. Deepening serves two purposes: it increases suggestibility by producing a more focused state, and it signals to the subject that hypnosis is real and working, thereby increasing faith and engagement.

In rapid inductions, deepening may be built into the induction itself a subject might enter somnambulistic depth within ten seconds. In gradual inductions, deepening may follow the induction as a separate phase lasting several minutes. But deepening is always present in some form, because without it, the subject remains in a light, easily distracted trance state.

PART II: DIRECT (AUTHORITARIAN) INDUCTIONS

Direct inductions, also called authoritarian inductions, are the traditional, face-to-face methods developed by Braid, Elman, and their successors. They work by direct suggestion, clear commands, and focused attention. The hypnotist speaks authoritatively, the subject follows direction, and hypnosis results. Direct inductions are the most teachable, the most reliable in group settings, and the most widely used in clinical and stage hypnosis.

Eye Fixation Induction

The eye fixation induction is the oldest and most straightforward direct method. It dates back to the Abb�� Faria in the early nineteenth century and was refined by James Braid, who observed that when subjects stared at a bright object or a point on the ceiling, their eyes grew tired, their eyelids grew heavy, and they entered trance.

In the standard eye fixation induction, the subject is asked to look at a point on the ceiling approximately twenty-five to thirty degrees above eye level, or at a small object held by the hypnotist at that position. The hypnotist's voice is calm and steady: "Look at that spot. Do not look away. You will find that as you continue looking, your eyelids are beginning to feel heavy. The more you try to keep them open, the heavier they become. And with each breath, they grow heavier. You will find that when they close, they will stay closed until I count to three and ask you to open them."

The hypnotist continues speaking in a voice that holds the subject's attention: describing the heaviness of the eyelids, the comfort of letting them close, the pleasant feeling of relaxation spreading through the face. When the eyes close naturally (which typically occurs within thirty seconds to two minutes), the hypnotist notes the closure: "There your eyes closed as they were meant to, and now you can settle deeper." The countdown to deeper relaxation follows.

Eye fixation works because sustained visual focus fatigues the muscles that keep the eyes open, which sends a signal to the brain that it is time to rest. Simultaneously, the narrowed visual field narrows attention, and the steady voice of the hypnotist provides a second focus of absorption. The combination produces rapid trance entry.

Progressie Relaxation Induction

Progressive relaxation indictions work by directing the subject's attention sequentially through different body parts, suggesting relaxation at each point. This method was developed by early hypnotists and remains one of the most widely taught induction techniques. It is sometimes called the "body-sweep" induction.

In the progressive relaxation induction, the subject is asked to close their eyes or look at a fixed point. The hypnotist then guides attention through the body: "Starting at the top of your head, you can feel the muscles there

beginning to soften and relax. Notice that relaxation spreading down through your forehead, your temples, your eyes. Let your eyes go soft and heavy. Your relaxation spreads down through your jaw, unclenching your teeth, softening your cheeks."

The hypnotist continues downward: neck, shoulders, arms, hands, chest, stomach, back, hips, legs, feet. At each point, the suggestion is the same: notice the relaxation, let it spread, allow it to take hold. The hypnotist's voice becomes slower and deeper as the induction proceeds, reinforcing the physical relaxation verbally.

Progressive relaxation works on multiple levels. Muscular relaxation itself reduces the body's tension signals to the brain, which reduces vigilance. Mental attention to sequential body parts narrows external awareness. The steady verbal pacing provides a second focus of absorption. And the cumulative effect of relaxation from head to toe creates a powerful psychological sense of surrender.

The traditional progressive relaxation induction takes five to eight minutes. A shortened version can complete in two to three minutes by covering fewer body parts and using broader language: "From the top of your head down through your shoulders, down your arms, into your hands, your chest and stomach relaxing together, your legs growing heavy and comfortable."

The Elman Induction

The Elman induction, developed by Dave Elman in the mid-twentieth century, is perhaps the fastest direct induction in clinical hypnosis. It places virtually any subject into a deep somnambulistic trance in seven to fifteen minutes, with a significant proportion in under five. It is a three-part induction combining progressive relaxation, eye fixation, a "hands clamped shut" test, fractionation, and deepening.

The first part of the Elman induction is a rapid progressive relaxation, but unlike standard progressive relaxation, it covers the entire body in about sixty seconds using accelerated language: "Starting at the top of your head, you can drop all the muscles there and relax completely. Your eyes are nice and relaxed. Your neck is relaxed. Your shoulders, arms, hands all relaxed." The hypnotist moves quickly, speaking in a calm, steady voice while the subject relaxes passively.

The second part is eye closure. The subject's eyes are closed, and the hypnotist has them practice opening and closing in response to hand movement, then closes them for the third and final time. At that closure, the hypnotist gives a powerful suggestion: "From now on, each time you close your eyes on my count, your eyes will close and stay closed."

The third part is a "hands clamped shut" test. The subject's palms are pressed together with the suggestion that they are locked together and cannot be separated. When the subject fails to separate them, the hypnotist gives a fractionation command: eyes open, eyes deeper closed. This is repeated, and each time the subject enters deeper. The hands then go limp,

and the hypnotist begins a rapid countdown from forty (not the traditional ten, which Elman found more powerful for depth). The count proceeds: "Forty, dropping deeper. Thirty, very deep. Twenty, deeper still. Ten, down. Five, all the way down."

The Elman induction's speed comes from its efficiency: it combines relaxation, eye fixation, a physical convincer, fractionation, and deepening into one continuous sequence with no pauses. Its reliability comes from fractionation bringing the subject slightly out of trance and back in again, which doubles the depth each cycle.

Counting Induction

The counting induction is the simplest and most widely known method. It is an induction, not a deepener, though it is often mistakenly classified as the latter. In a counting induction, the hypnotist asks the subject to count from one to ten (or ten to one) while suggesting that with each number, they go deeper into trance.

The typical counting induction: "Close your eyes and count from one to ten. With each number, you can allow yourself to relax a little more deeply. One and noticing how comfortable you are. Two sinking deeper already. Three your breathing is slow and even. Four feeling more and more relaxed. Five halfway to a pleasant, deep state. Six deeper still. Seven your mind is quiet. Eight comfortable and absorbed. Nine almost all the way down. And ten completely relaxed, deeply hypnotized, ready for whatever comes next."

A descending count can be delivered in reverse: "Ten and letting go. Nine deeper. Eight deeper still." The counting provides a sequential focus of attention that absorbs the analytical mind. The numbers act as markers of depth, each one associated with increased relaxation and absorption.

Counting inductions work best when delivered slowly, with pauses between numbers. A fast count does not produce deep trance; a slow count with generous pauses does. The hypnotist's voice should be calm, steady, and slightly rhythmic, matching the cadence of internal counting.

Negative Suggestion Induction

Negative suggestion inductions work by suggesting the absence of something rather than the presence of it. The most common negative suggestion induction suggests that the subject's eyes will close on their own, that their arms will grow heavy, that they will forget a word, or that they cannot open their eyes. Negative suggestions are particularly powerful because they bypass the analytical mind's tendency to resist what it is told to do. Telling someone "do not think of a pink elephant" produces a pink elephant. Telling someone "your eyelids will close without effort" produces eyelid closure.

In a negative suggestion induction for eye closure, the hypnotist might say: "You can try to keep your eyes open, or you can let them close. If you try to keep them open, you will find they grow heavier. And the heavier they get,

the more they want to close. And before you know it, they will be comfortably closed, without any effort on your part."
Negative suggestions work because they direct attention to an involuntary response rather than a voluntary action. The subject does not have to "do" anything to close their eyes; they simply have to allow it. Allowing is easier than doing.

PART III: INDIRECT (PERMISSIVE) INDUCTIONS

Indirect inductions, also called permissive or Ericksonian inductions, work by embedding suggestion within ordinary conversation, using metaphor, confusion, and variability to bypass the critical faculty. They were developed most fully by Milton Erickson, who could induce trance in a subject without ever using the words "sleep" or "hypnosis." Indirect inductions are more subtle, more individualized, and often harder to learn than direct inductions. But they are also more versatile, producing trance both with eyes open and eyes closed, in conversation and in silence.

The Conversational Induction

The conversational induction is the purest form of indirect hypnosis. The subject sits normally, the hypnotist speaks normally, and in the course of ordinary conversation, the subject slips into trance. No induction phrase, no "close your eyes," no dramatic gesture. Just talk, and trance emerges naturally from the talk.

Example of a conversational induction: "You know, some people come here wondering if hypnosis will work for them, and they are not wrong to wonder. Because the truth is, everyone experiences hypnosis every day. You have been hypnotized this morning, probably. When you got into the car and drove to work, you arrived without quite remembering the journey. That is a form of hypnosis focused attention, relaxed critical faculty, automatic performance of a learned skill. And you have been in another form of hypnosis just sitting here, perhaps noticing how the light falls on the wall, or hearing the traffic outside, or feeling the chair beneath you. Those little moments of awareness are micro-hypnotic states."

The hypnotist continues, pacing the subject's experience: "So you can see that you are already familiar with this place. And as you listen to my voice, you can begin to notice how comfortable it is here. And you may find that the more you notice how comfortable you are, the more you want to settle into it. And you do not need to decide when you want to go deeper. Your unconscious mind knows how to take you there. It has always known."

The conversational induction works because it never asks the subject to "do" hypnosis. It simply describes hypnosis while producing it, paces what the subject already knows, leads into what they can experience, and embeds suggestions for relaxation, absorption, and depth into the fabric of ordinary language. The subject enters trance without noticing it because there is no special moment, no dramatic shift, no command to follow. Trance builds gradually from the accumulation of focus, relaxation, and acceptance.

The Confusion Induction

The confusion induction overwhelms the analytical mind by presenting a stream of statements, questions, commands, and observations so dense and rapid that the critical faculty cannot keep up. When the analytical mind

gives up, the subject's mind naturally surrenders to suggestion. The hypnotist speaks quickly, sometimes slightly breathlessly, with escalating cadence, building to a peak of confusion from which the subject can fall into trance.

Example of a confusion induction: "You may be wondering if this will work for you or if you are the kind of person who cannot be hypnotized or maybe you think that you can but maybe you cannot and if you think you cannot you might be surprised to find that you can while on the other hand if you think you can you will find that you can because every time someone closes their eyes they go deeper even if they do not know it and when their eyes are closed they become more suggestible and when they are more suggestible they accept more easily what I say and when they accept what I say they begin to relax more deeply and when they relax more deeply they become more absorbed and when they are more absorbed they cannot tell anymore whether their eyes are open or closed because it makes no difference because their mind is so busy processing everything I am saying that the only thing left to do is let go and sink deeper and deeper."

In the middle of the confusion, the hypnotist delivers key suggestions embedded in the stream. The subject's analytical mind tries to parse each statement, finds it impossible to track meaning or logic, and steps aside. At that moment, the suggestions in the stream relax, let go, sink deeper are received uncritically by the unconscious mind.

The confusion induction works because the analytical mind is finite. It can process a limited amount of information per unit of time. When the input exceeds that limit, the mind stops processing analytically and switches to receptive absorption. This is the same mechanism that makes people tune out long technical lectures: the mind stops analyzing and starts absorbing.

The Fractional Induction (Fractionation)

Fractionation is the process of bringing a subject out of trance and back in again, one or more times. Each cycle of out-and-in produces deeper trance than the previous one. Fractionation is one of the most powerful deepening techniques in hypnosis and can also serve as an induction when the subject has only a light trance.

In a fractional induction, the hypnotist counts the subject up to wake them slightly, then counts them back down deeper: "When I count to three, you will open your eyes, feel alert, refreshed, and when I snap my fingers, your eyes will close and you will go three times deeper than you are now. One, two, three open your eyes and feel alert. And as you open your eyes, you can notice how much calmer you feel, and now on the count of three, your eyes will close and you will drop deeper. Two, three and snap."

Fractionation works because each time the subject exits and re-enters trance, the unconscious mind recognizes the pattern and prepares for deeper absorption. The subject learns: "When the hypnotist snaps, I go deeper." This learning compounds with each cycle. The analytical mind,

having experienced the depth of the first trance, relaxes its vigilance even further in preparation for the second entry.
Three to five fractional cycles are standard. More than five can produce excessive depth or oversaturation. The subject's physical signs eye flutter, breathing rate, muscle tone indicate whether fractionation should continue or stop.

The Instant Induction

The instant induction, also called the shock induction or hand-to-forehead induction, uses a sudden gesture or stimulus to startle the subject's attention, which narrows focus instantly and produces immediate trance entry. It was developed by Elman and is performed by the hypnotist asking the subject to open their eyes, then reaching forward and placing two fingers on the subject's forehead, pushing gently upward while saying "Sleep."
The mechanism: when the subject is asked to open their eyes and look at the hypnotist, their focus is external. The hypnotist reaches toward the subject's face, and the subject's attention locks onto the approaching fingers. At the same time, the hypnotist pushes gently upward on the forehead and says "Sleep." The upward push on the forehead makes it physically difficult for the eyes to stay open (a biomechanical effect: the orbicularis oculi muscles contract when the frontalis muscle pushes upward on the brow). Combined with the command "Sleep," which the subject's critical faculty receives just as the visual focus is locked, the eyes close instantly.
The instant induction is dramatic and reliable. It works because it captures attention externally and produces a physical response simultaneously. The subject's mind, startled and absorbed in the moment, surrenders to suggestion before the critical faculty can evaluate it.

PART IV: RAPID INDUCTIONS

Rapid inductions are techniques that place a subject in trance within seconds. They are essential for impromptu hypnosis, street demonstrations, and clinical settings where time is limited. A rapid induction does not produce shallower trance than a gradual induction; it often produces deeper trance more quickly because of the suddenness of attention capture.

The Handshake Induction

The handshake induction is perhaps the most famous rapid induction. The hypnotist approaches the subject, extends a hand for a handshake, and as the subject grasps, pulls gently but firmly toward the face while simultaneously pushing the thumb gently between the subject's closed eyelids. The subject's eyes are forced shut. The hypnotist says "Sleep" and guides the subject into trance.

The handshake induction works on multiple levels: the unexpected gentle pull toward the face captures attention; the handshake grip captures motor compliance; the thumb push on the eyelids forces closure; the word "Sleep" provides the suggestion. By the time the subject notices what happened, their eyes are closed and their mind is in trance.

A variant: instead of pushing the thumb on the eyelids, the hypnotist pulls the subject's hand up across their face as they pull toward the face, and the subject's arm passes across their eyes, triggering eye closure. The hypnotist guides the arm down to the shoulder, saying: "And now your arm can drop and your eyes can close, and you can go deeper."

The Jacquin Power Induction

The Jacquin Power Induction, developed by Anthony Jacquin, is a rapid impromptu induction that uses a combination of eye fixation, arm levitation testing, and fractionation. The subject closes their eyes, and the hypnotist asks them to hold their hands flat, palms together. The hypnotist's fingers are placed between the subject's palms, which are then pushed apart, creating magnetic attraction between the palms. When the hands snap back together, the hypnotist says: "And the more you notice your hands coming together, the faster that sensation travels up your arms, into your chest, your mind, your unconscious."

The hypnotist then asks the subject to raise one hand, palm up, and float it, then lower it. This ideomotor response is embedded in the induction narrative, establishing suggestibility immediately. The hypnotist continues: "Every time I bring your hands together, they lock tighter, and every time I pull them apart, you go three times deeper." Fractionation begins. The subject is now in deep trance, built upon physical phenomena.

The Rehearsal Induction

The rehearsal induction is a verbal technique that places the subject into trance by having them imagine the induction itself before it happens. The hypnotist speaks quickly and calmly: "Now I want you to imagine that I have

just hypnotized you. Feel what that is like your body relaxed, your mind absorbed, your eyelids heavy. Now imagine that I am counting backwards from ten to one, and each number takes you deeper. Ten nine eight and now imagine that you are in trance, completely absorbed, completely relaxed."
By having the subject rehearse the induction, the hypnotist uses imagination as the induction itself. The subject's mind has already experienced the trance in imagination; when the real induction proceeds, it feels familiar, comfortable, and effortless.

The Five-Second Induction

The five-second induction is the shortest direct induction technique. The subject closes their eyes. The hypnotist says: "In five seconds, you will be deeply hypnotized. You might already be going deeper. In four seconds, you can feel yourself relaxing, your mind absorbing. In three seconds, your critical faculty is stepping aside, your unconscious mind is taking over, and your body feels wonderfully heavy. In two seconds, you are completely relaxed, completely absorbed, completely hypnotized. And in one second, you are already there."
The five-second induction works because it compresses all four phases of induction into a single rapid sequence. Expectation is stated ("you will be deeply hypnotized"); attention is focused ("you can feel yourself relaxing"); surrender is signaled ("your critical faculty stepping aside"); and depth is delivered ("your body feels wonderfully heavy"). The subject's mind, receiving all four phases almost simultaneously, produces a rapid and deep response.

PART V: ADVANCED INDUCTION TECHNIQUES

The Sleep-Term Induction (Fractionation Within Trance)

After a subject is in trance, the hypnotist can use repeated short inductions within the main session. The subject's eyes open and close three times, each time going deeper. This is not fractionation of the eyes-open variety; it is fractionation of depth. Each eye-closure cycle tightens the trance and increases suggestibility. The hypnotist's voice becomes slower and deeper with each cycle.

The Mirror Induction

Two subjects face each other. Each is asked to close their eyes, then raise their hand and place it on the other's forehead. The hypnotist says: "Feel the warmth of their hand on your forehead. Feel that warmth travel into your mind." The subjects close their eyes again. Each subject's trance is deepened by the warmth of the other's hand and by the visual awareness of the other subject's presence, even with eyes closed.

The Chain Induction

The hypnotist strings together three or four different inductions in sequence, without pause. Progressive relaxation for thirty seconds, followed by eye fixation for thirty seconds, followed by a confusion induction for thirty seconds, followed by fractionation. The subject never settles into one technique long enough for the critical faculty to analyze it. Each technique feeds into the next, compounding absorption.

The Double-Bind Induction

The double-bind induction presents the subject with two choices, both of which produce trance. "You can close your eyes now or in the next few seconds, and either way, you will find that your relaxation deepens." "You can go into trance slowly or quickly, and either way, you will enjoy the same pleasant absorption." The subject's critical faculty, confronted with two paths to the same result, stops evaluating and simply follows.

PART V: SPECIALIZED AND SITUATIONAL INDUCTIONS

Some inductions are designed for specific contexts, use unusual focus mechanisms, or combine several techniques into a single sequence. These specialized methods are valuable tools in the skilled hypnotist's repertoire.

The Arm Drop Induction

The arm drop induction is a rapid impromptu induction that uses a mild shock moment to produce immediate trance. The subject sits facing the hypnotist and is asked to press their hand firmly down on the hypnotist's upturned palm. The hypnotist holds for a few seconds while the subject pushes down, building tension and expectation. Then, without warning, the hypnotist slides their hand away. The subject's hand drops downward, the body experiences a mild loss of equilibrium, and at that moment the hypnotist says "Sleep" and guides the subject into trance.

The arm drop induction works because the sudden withdrawal of resistance creates a brief startle response. The subject's attention, focused on pushing down, is momentarily disrupted, and in that gap between expectation and surprise, the hypnotist's command slips past the critical faculty. The key is timing: the hypnotist must wait long enough to build expectation but pull away before the subject anticipates the release.

The arm drop induction is one of the best rapid inductions for beginners because it requires no dramatic gesture, no thumb push, and no special setup. It simply uses the subject's own motor action as the trigger.

The Set Piece

The Set Piece is a sequence of waking hypnosis tests typically magnetic fingers, magnetic hands, and iron arm demonstrations that builds suggestibility and can itself serve as the induction into trance. The hypnotist guides the subject through a series of small physical expectoration exercises that focus attention, fire imagination, and build compliance.

The magnetic fingers exercise asks the subject to hold their hands apart and imagine magnetic forces pulling them together. When the fingers come together, the hypnotist deepens the absorption. The magnetic hands exercise extends this to palm-to-palm attraction. The iron arm test asks one arm to become rigid while the other tries to push it down. Each successive test increases the subject's confidence in hypnotic phenomena and narrows their attention.

When the Set Piece has been completed, the hypnotist can transition directly into trance by saying: "As your arm remains stiff, it can now become heavy and drop to your side, and your eyes can close as you slip into hypnosis." The Set Piece works as an induction because it gives the subject a physical experience of hypnotic phenomena before the formal induction has even begun. By the time the hypnotist moves to eye closure, the subject

is already partially absorbed, the critical faculty is engaged with physical tests, and the mind is primed for deeper suggestion.
The Set Piece is especially powerful with groups because all subjects experience the same phenomena simultaneously, creating shared expectancy.

The Candy Induction

The candy induction uses taste as the central point of concentration for induction. A piece of hard candy (Lemon Drops, peppermints, or any sucking candy) is given to the subject, who is instructed to let it dissolve slowly in the mouth without chewing. The subject keeps their attention on the taste while the hypnotist delivers suggestions.
The candy induction works on multiple levels. The taste provides a continuous sensory focus that absorbs attention. The act of sucking creates a rhythmic oral sensation similar to breathing awareness. The pleasant flavour produces a mild emotional response that enhances relaxation. The method is especially effective with children, who enjoy the candy, but works equally well with adults because taste is one of the senses most directly connected to the emotional centres of the brain.
The hypnotist's suggestions follow the sensory experience: "As you taste the candy, feel the taste making you relaxed. Think of how good the candy tastes. Let every sweet taste take you deeper." As the candy dissolves, the hypnotist suggests that the fading taste takes the subject deeper into sleep. The final cue is when the candy has fully dissolved: swallow it and drop down into deep hypnosis.

Chakra Colours Hypnotic Induction

The chakra colours induction uses visualisation of ascending colour vibrations to shift brain activity from beta (waking consciousness) into alpha (suggestible trance). The subject sits comfortably with eyes closed. The hypnotist guides the subject to breathe deeply and visualise white light entering through the crown of the head. Then, one colour at a time in sequence red, orange, yellow, green, blue, violet the subject visualises each colour vividly within the mind's eye, allowing each colour to fill the entire body before moving to the next.
The mechanism is based on the principle that sustained visualisation of abstract imagery requires sustained attention while producing minimal analytical processing. Focusing on an internal colour sequence absorbs the conscious mind's resources into imagery while the analytical faculty becomes idle. The rhythmic progression from one colour to the next creates a predictable cadence that the subject can follow, reinforcing absorption. The visualisation shifts brain wave frequency from beta into alpha theta territory, producing a highly suggestible state.
The chakra colours induction is useful for subjects who respond well to imagery and for group settings where the hypnotist can guide the entire group through the colour sequence simultaneously.

The Pendulum Over Spiral Induction

The Pendulum Over Spiral induction combines a swinging pendulum with a spiralling hypnotic disc (hypnodisc) to produce trance. The subject holds a pendulum a weight on a string over the centre of a spiralling pattern drawn on a disc. As the subject lets the pendulum swing, the ideomotor response causes the pendulum to begin revolving around the spiral. The hypnotist instructs the subject to watch the pendulum's motion, say to themselves "the pendulum is swinging around and around the spiral," and concentrate on the movement.

As the pendulum gains momentum revolving around the spiral, the hypnotist suggests: "The harder you try to stop it, the faster it goes. Your eyes are being drawn right into the spiral." The spiralling visual field, combined with the ideomotor swing of the pendulum, creates a compounding hypnotic effect. The subject's eyes follow the pendulum's motion, the visual field narrows around the spiral, and the rhythmic swinging produces a trance-like state. When the subject's eyes close naturally, the hypnotist says "Sleep," guides the arm down to the table surface, and drops the subject into deep hypnosis.

The Pendulum Over Spiral induction works because it combines three hypnotic mechanisms simultaneously: visual fixation on the spiralling centre, ideomotor movement of the pendulum, and rhythmic self-suggestion. The three mechanisms compound each other, producing trance more rapidly than any single mechanism alone.

The Music Method

The Music Method of hypnotic induction reverses the usual relationship between music and voice. Instead of music playing softly in the background behind the hypnotist's voice, the music is played prominently while spoken suggestions are given softly as background. The subject's attention is directed fully to the music rather than to the hypnotist's voice.

The subject closes their eyes and concentrates on listening to the music with full attention. While the music plays, the hypnotist whispers suggestions that the subject hears without fully processing: "Listen to the music. Concentrate on the music. Let the music flood your being. The music makes you relaxed. Relax. Relax. Relax. As you listen, you become sleepier. The music lulls you to sleep." The subject's conscious mind, focused on the music, does not analytically process the spoken suggestions. The suggestions pass uncritically into the subconscious, inducing hypnosis almost as effectively as subliminal suggestion.

The Music Method works because attention directed toward music produces the same narrowing effect as any fixation technique. The subject absorbs into the music, the analytical mind stops monitoring verbal content, and embedded sleep suggestions take hold. As the music fades, the hypnotist's voice becomes dominant and the subject drops into deep hypnotic sleep.

The Arm Levitation Induction (Ericksonian)

The arm levitation induction, popularised by Milton Erickson, uses ideomotor response as the induction mechanism. The subject sits with hands resting palms down on their thighs. The hypnotist instructs the subject to watch their hands very closely, to feel whatever sensations are present in the hands heaviness, warmth, tingling, texture and to wait for the moment when involuntary motion begins.

The hypnotist speaks about what may happen: "One of your fingers may twitch. One of your hands may feel warm, or light, or heavy. You do not need to force anything. Just watch and feel." As the subject attends to their hands with focused curiosity, an ideomotor response develops typically in a finger a small involuntary twitch or lift. The hypnotist notes the response: "Notice your finger moving. That is your unconscious mind responding." The hypnotist then builds on the ideomotor signal: "As your hand rises, your eyelids grow heavy. As your hand rises higher, you go deeper into trance."

The arm levitation induction works because it gives the subject something to actively observe rather than a passive command to follow. The subject's attention is drawn inward to bodily sensation, the analytical mind is occupied with watching for movement, and when movement appears, the subject's unconscious mind receives confirmation that hypnosis is occurring. The physical levitation of the arm serves as both proof and trigger for deepening.

The Ericksonian arm levitation induction is especially powerful because the subject witnesses their own body responding involuntarily. This personal convincer disarms the analytical mind more effectively than any external demonstration could.

The Fatigue Out-of-Focus Induction

The fatigue out-of-focus induction combines muscular fatigue with visual defocusing. The subject holds their arms straight out in front at eye level, hands clasped together with thumbs pointing up. The subject closes their eyes and concentrates on the fatigue building in their extended arms. After several moments, the hypnotist suggests that the arms are growing tired and will soon drop.

When the subject's arms become too fatigued to hold up, they drop to the lap. At that moment, the hypnotist instructs the subject to open their eyes and stare at their own thumbnail held before them. The subject is asked to keep looking at the thumbnail and watch it go in and out of focus. As the eye muscles strain to maintain focus on the stationary thumb, the visual defocusing induces eye closure. The hypnotist says: "When your thumbnail goes out of focus, close your eyes and go to sleep."

The fatigue out-of focus induction works on three mechanisms: muscular fatigue of the arms, visual defocusing of the eyes, and the psychological release of dropping fatigued arms. The subject experiences a cascade of physical signals tired arms, unfocused vision, eyelids closing each reinforcing the next.

The Nonverbal Induction (Marx Howell)

The Marx Howell nonverbal induction uses gestures, pantomime, and physical manipulation without any spoken words. The hypnotist communicates through basic gesture language: palm up means "raise your hand," palm down means "put your hand down," stiff arm with downward motion means "go to sleep."

The subject sits in a chair. The hypnotist uses gesture to lift the subject's arm, hold it rigid above the head, and move it into different positions where it remains cataleptic. The hypnotist shakes the subject's hand, flops the arms, shakes the legs. The entire body becomes flaccid and mobile. The hypnotist pushes the rigid arm downward into the subject's lap, presses downward on the brow, and shakes the hands all in silence. The subject's body responds to the nonverbal cues: the arm stiffens, the eyes close, the body goes limp. Finally, the hypnotist pokes the subject's neck gently, and the subject awakens with eyes open, the entire trance having been induced and maintained by gesture and touch alone.

The Marx Howell nonverbal induction works because the analytical mind, expecting verbal suggestions, has no verbal material to process. The subject's attention is drawn to the physical experience of gestures, and the unconscious mind responds to the pantomimed commands more directly than it would to words. With no spoken language to occupy the conscious mind, the subject drops into trance on physical cues alone.

The Triple Response Induction

The triple response induction is a group induction that chains three physical responses into a single hypnotic sequence. The first response is handlocking: the entire group presses their palms together, and the locked hands cannot be pulled apart. The hypnotist then goes to each subject in turn, pushing the locked hands forcefully into the subject's lap while commanding: "Close your eyes now, tightly together. As your hands hit your lap they come apart, but your eyes stay stuck." This is the second response transference from locked hands to locked eyelids.

The third response follows: the hypnotist passes a hand gently over each subject's locked eyelids and says: "As my hand passes over your eyelids, they will open, and as they open you will pass down instantly into profound hypnosis with your eyes wide open." One by one, the hypnotist causes each subject's eyes to pop open, leaving them staring blankly into space. Then, moving back through the group, the hypnotist says: "Your eyes will close now, and you will drop yet deeper into profound hypnosis."

The triple response induction is dramatic and spectacular on stage because it produces the same result in every subject simultaneously. The three physical responses hand locking, eyelid locking, and open-eye trance create a cascade of physical convincers. Each subject sees the others respond identically, compounding their own suggestion.

The Betty Erickson Induction (Sensory Countdown)

The Betty Erickson induction named after the wife of Milton Erickson is a sensory-based induction that counts down through sight, sound, and feeling using a 4-3-2-1 structure. The subject sits comfortably and the hypnotist instructs: "Notice four things you can see in the room." After a brief pause, the count continues: "Now notice three things you can hear. Now two. Now one." After the subject closes their eyes, the induction moves to sound: "Notice four sounds in the environment. Now three. Now two. Now one." Then to sensation: "Notice four feelings or sensations the feel of your hand on your lap, the chair beneath you, the fabric on your neck. Now three things you feel. Now two. Now one."

The hypnotist may then deepen the induction using imagined sensory experiences: "Imagine four pleasant objects you have seen. Now three. Now two. Now one. Now recall four pleasant sounds with your mind's ear a steam train, children laughing, a piano. Now three. Now two. Now one. Now recall four pleasant sensations the feel of a cat's fur, the taste of ice cream, the breeze on your skin. Now three. Now two. Now one."

The Betty Erickson induction works on several principles. The 4-3-2-1 countdown provides a sequential focus that absorbs the analytical mind counting creates markers of depth similar to counting inductions. Moving across sensory modalities (sight, sound, touch) prevents any single channel from becoming familiar enough for the critical faculty to relax resistance. The gradual narrowing from external observations to internal imagery naturally draws the subject inward. By the time the countdown reaches "one," attention is fully internalised and the subject is at the threshold of trance the hypnotist then signals eye closure or deepening.

Because the induction is built on downward counting across multiple senses, it is inherently deepening. The subject does not need to be told to go deeper the 4-3-2-1 structure enacts descent from external awareness to internal absorption. This makes the Betty Erickson induction an effective standalone induction, an eyes-open induction that transitions into closed-eye trance, and a transitional induction between different phases of a session.

PART VI: CHOOSING THE RIGHT INDUCTION

Not every induction works for every subject, in every setting, for every purpose. The skilled hypnotist learns to choose the induction that fits the situation.

Clinical hypnosis: Progressive relaxation or counting inductions work well. They are gentle, familiar, and produce reliable results. The Elman induction is preferred when speed is needed or when the subject is highly motivated.

Stage hypnosis: Rapid inductions with dramatic physical effects work best. The Elman induction, instant induction, or handshake induction produce visible phenomena that an audience can observe. Eye fixation and counting inductions are too subtle for stage.

Street/impromptu hypnosis: The handshake induction, instant induction, or Jacquin power induction work best because they produce trance within seconds with minimal setup. The conversational induction is preferred when the subject is already engaged in dialogue.

Group hypnosis: Counting or progressive relaxation inductions work well because they address many people simultaneously. Rapid inductions work best when the hypnotist can command visual attention across the room.

Skeptical subjects: Inductions that emphasize choice rather than command work best. Double-bind inductions, conversational inductions, and confusion inductions bypass skepticism by never asking the subject to believe anything.

Highly suggestible subjects: Any induction will work. The hypnotist may prefer a rapid technique to capitalize on the subject's responsiveness.

Resistant subjects: Confusion inductions, fractional inductions, and double-bind inductions produce trance despite resistance because the critical faculty is overwhelmed or redirected.

PART VII: THE INDUCTION LANGUAGE

Every induction succeeds or fails based on language, not just technique. The words the hypnotist uses during induction carry enormous power. The following principles govern induction language:

Pacing and leading: Always pace before leading. State what is true ("You can hear my voice"), then lead into suggestion ("and with each word you hear, you are relaxing more deeply").

Embedded commands: Hide key suggestions within longer sentences. "You can begin to notice how your **hands are getting heavier**." The critical faculty processes the whole sentence and allows it through; the unconscious mind latches onto the embedded command.

Truisms: Deliver several obvious truths before a suggestion. This creates a yes-set effect. "You are breathing, you are sitting there, you can feel the chair beneath you, and perhaps you are already **going deeper** than you expected."

Vagueness: Indirect suggestions should be vague, allowing the subject's mind to fill in meaning. "Some people find that **relaxation arrives naturally**." Which people? What relaxation? Arriving where? The subject's mind provides the answer internally.

Positive direction: Induction language should direct toward positive experience, not away from negative. Say "deep relaxation" not "no tension." Say "pleasant calm" not "no anxiety." The unconscious mind processes positive directives more readily.

Temporal markers: Use time words to suggest depth progression. "With each breath," "as the minutes pass," "by the time you reach five," "sooner than you think." These words create the expectation that trance deepens as time passes.

Assumed outcomes: Assume the induction works. "As you settle into trance," "As you enjoy the deepening," "As your unconscious mind takes over." Not "If you relax" or "When you are hypnotized." Assume the outcome; the mind tends to perform to match the assumption.

PART VIII: SIGNALS THAT INDUCTION IS WORKING

The skilled hypnotist observes the subject during induction and adjusts accordingly. Observable signs that induction is working include:

- **Eye closure:** Natural eye closure indicates the subject's eyes are tired and the critical faculty is relaxing. The most reliable sign of trance entry.
- **Breathing changes:** Slowing, deepening, or irregular breathing indicates autonomic shift.
- **Facial relaxation:** Jaw unclenching, forehead smoothing, eye-muscle relaxation.
- **Increased stillness:** Reduced fidgeting, settled posture.
- **Eye flutter:** REM-like eye movement beneath closed eyelids.
- **Glossy or glazed eyes:** Increased lacrimentation, a sign of autonomic shift.
- **Delayed responses:** Slower verbal response time, a sign that the analytical mind is processing more slowly.
- **Ideomotor movement:** Small involuntary gestures, hand twitching, arm lifting.
- **Skin color changes:** Flushing or pallor from blood-flow redistribution.

Not all subjects show all signs. Not all subjects show obvious signs at all. A subject may appear perfectly still with normal breathing and still be in deep trance. The most reliable indicator is response to suggestions: if the subject responds to a test suggestion (arm levitation, hand catalepsy, eye catalepsy), induction has worked.

PART IX: COMMON INDUCTION MISTAKES

Even skilled hypnotists make induction errors. The most common include:

Speaking too fast: Rapid speech can overwhelm, but too much speed prevents absorption. The hypnotist's voice should match the desired depth: slow for deep induction, moderate for light induction.

Too much talking before induction: Long pretalks erode rapport and expectation. Every minute between introduction and induction is a minute of decay.

Mismatched technique: Using a gradual progressive relaxation with a highly suggestible subject who could be induced in seconds wastes potential depth. Using a rapid shock induction with a resistant subject who needs conversation builds resistance.

Poor voice quality: Monotone, nasal, or strained voice fails to hold attention. A resonant, modulated, slightly quieter-than-normal voice is most effective.

Failure to observe: The hypnotist speaks the induction script regardless of the subject's responses, missing signs of depth, distraction, or resistance.

Induction without deepening: Entering trance and then delivering suggestions without deepening produces shallow, easily distracted trance. Deepening is not optional.

Incongruence: Saying "relax" while fidgeting, or promising depth while speaking with tense voice. The subject responds to the nonverbal signal, not the verbal one.

Summary

Hypnotic induction is the process of leading a subject from ordinary waking attention into the focused, absorbed state in which hypnosis operates. Every induction consists of four phases: pretalk (building expectation), focus (narrowing attention), surrender (bypassing the critical faculty), and deepening (stabilizing the trance). Direct inductions eye fixation, progressive relaxation, the Elman induction, counting, negative suggestion work by clear direction and focused attention. Indirect inductions conversational, confusion, fractional work by embedding suggestion within ordinary language and overwhelming the analytical mind. Rapid inductions handshake, instant, power liftoff produce trance within seconds by capturing attention unexpectedly. Advanced techniques chain, mirror, double-bind layer multiple mechanisms for greater effect.

The choice of induction depends on the subject, the setting, and the purpose. Clinical hypnosis favors gradual or Elman methods. Stage hypnosis favors rapid, dramatic methods. Street hypnosis favors instant or handshake methods. Group hypnosis favors counting or progressive relaxation. Skeptical subjects favor confusion or double-bind methods. Highly suggestible subjects respond well to any method, particularly rapid ones. Resistant subjects respond best to confusion, conversational, or fractional techniques.

Induction language carries enormous power. It paces before leading, embeds commands within sentences, uses truisms to build acceptance, operates vagueness to allow the mind to fill meaning, directs positively toward experience, uses temporal markers to suggest depth progression, and assumes outcomes that the mind tends to perform.

The skilled hypnotist observes the subject during induction, reads physical signals of trance entry, and adjusts pace, depth, and technique accordingly. The hypnotist speaks with a resonant, modulated voice, avoids too much pretalk, matches technique to subject, observes responses, deepens after induction, and maintains congruence between verbal and nonverbal communication.

Nothing happens without induction. With induction, everything is possible. The doorway is built by expectation, opened by attention, crossed by surrender, and deepened by guidance. The subject crosses it. The hypnotist lights the way.

Chapter 6: Deepening the Trance

Making It Real

You have got the subject into hypnosis. Their eyes may be closed. Their arm may be rising. Their hand may be stuck to the wall or their arm may be stiff as steel. They have followed a suggestion. You might even be convinced yourself that hypnosis has happened. But they are not there yet. The mind is still hovering at the surface of the hypnotic state, still half-aware of the waking world, still liable to drift back if the hypnotist's voice stops.

Deepening is the process of carrying the subject from the threshold of hypnosis into the depths. It is what turns "they might be hypnotized" into "they are hypnotized."

The word "deepening" is itself a metaphor. The subject does not actually travel anywhere. Their arms do not lengthen. Their feet do not sink through the floor. But deepening does something important: it tells the subject's mind that something is happening that it knows how to respond to. "Deep" is a word that is so closely associated with hypnosis so familiar from sleep, from relaxation, from the hypnotic films and stage shows, from the very idea of "going under" that people seem to know what to do when they hear it. They relax. They absorb. They listen more closely. They let go. As Anthony Jacquin puts it, deepening works because "it is closely equated with hypnosis that people seem to know what to do, and they seem to translate it as relaxing or getting into it more or just continuing to listen."

But deepening is not merely saying the word "deeper." It is the art of linking whatever is happening in the subject's experience right now to the idea of going further into hypnosis. It is the ongoing maintenance of the hypnotic state, because hypnosis does not remain constant. Even a subject in deep trance tends to drift toward lighter stages as time passes. Deepening holds the subject in hypnotic responsiveness and pushes them into increasingly deeper levels where suggestion carries more weight, phenomena become more dramatic, and the unconscious mind assumes greater responsibility.

Why Deepening Matters

Every hypnotist who has worked with subjects knows the feeling of saying "sleep" and watching a subject's eyes close, only to have them open two minutes later, looking around as if waking from a brief doze. The induction worked. The critical faculty was bypassed. But the state was fragile, unstable, light. Without deepening, even a successful induction may not produce a reliably hypnotic subject.

Deepening serves at least four purposes:

Stabilization. The subject's mind is given time to orient, to accept the reality of the hypnotic state, and to settle into it. As the *Mastering Hypnosis* guide notes, subjects who are rushed after induction tend to shift to a lighter stage, while those given sufficient time to process and comply "tend to deepen naturally."

Intensification. Deepening amplifies what the induction started. It increases suggestibility, deepens physical phenomena, sharpens sensory experiences, and strengthens the bond between hypnotist and subject. The deeper the state, the more reliable and dramatic the phenomena. As the Davis-Husband Scale shows, a subject at the start of deep hypnosis (score 11-12) can show partial posthypnotic amnesia, while at full somnambulism (score 23-24) they can display complete personality changes. Deepening is the bridge between these levels.

Demonstration. Deepening provides visible, dramatic evidence that something real is happening. The subject's arm continues to rise higher. Their breathing becomes slower. They respond to fractionation by sinking deeper each time. These phenomena convince both the subject and any witnesses that hypnosis is genuine and deepening.

Preparation. Deepening prepares the ground for the main work the suggestions, the routines, the therapeutic change. You cannot get amnesia before you get catalepsy. You cannot get hallucinations before you get amnesia. Deepening is the ladder.

The Four Levels of Deepening

Level 1: Verbal Deepening (Deeper and Deeper)

This is the simplest and most fundamental form of deepening. The hypnotist says "deeper" and the subject goes deeper. It works because the word itself carries hypnotic weight through cultural conditioning and association with sleep and relaxation. Anthony Jacquin describes this as the most basic level: "Just say deeper and deeper. Just do it directly with suggestion."

Example: "Sleep. Go deeper and deeper and deeper. As I rock your shoulder, you can continue to relax."

Verbal deepening alone is sufficient in brief demonstrations and impromptu street hypnosis, where thirty seconds may be the entire deepening phase. In a full session, it serves as a bridge between more complex deepening techniques.

Level 2: Linking (Associative Deepening)

The next level of deepening links one element of the subject's experience to the idea of going deeper. If the subject's eyes are flickering, "As your eyes flicker, you can continue to go deeper." If the subject is breathing deeply, "Every breath you take takes you deeper." If the subject's arm is rising, "The higher it gets, the deeper you go."

Jacquin calls this "saying what you see" observing any sign that hypnosis is working and linking it to deepening. "If there is anything there that is indicating to you this is going well, then say it and link it."

The mechanism is simple association: if the heartbeat is continuous, and every heartbeat is paired with the suggestion of going deeper, then for the duration of that experience, every heartbeat becomes a deepening signal. The unconscious mind receives it uncritically.

Examples:

- "Every breath you take will take you deeper and deeper."
- "Every word I say, every beat of your heart, every blink of your eyes it all takes you deeper."
- "As I rock your shoulder, you can continue to relax, go deeper and deeper."
- "As your eyes flicker, you can continue to drift deeper, and the deeper you go, your eyes will flicker even more."
- "That's right, as you smile, you can continue to relax, just linking one thing to another."

This is the most versatile technique in the hypnotist's deepening repertoire. It works in every setting because it depends only on what is happening in the moment.

Level 3: Loops and Chains

The third level goes beyond simple association and weaves deepening suggestions into self-reinforcing cycles. A loop is a sequence in which the effect feeds back into itself: "The deeper you go, the better you feel. The

better you feel, the deeper you go." A chain links multiple phenomena in sequence: eye flicker leads to deeper relaxation, which leads to heavier arms, which leads to deeper relaxation still.

Jacquin calls this "creating little loops" lines that work because they stick in the mind: "The deeper you go, the better you feel. The better you feel, the deeper you go." These loops create a self-sustaining cycle of deepening that requires minimal effort from the hypnotist beyond repeating the loop.

Chains link multiple suggestions together: "As your eyes close, your arms grow heavy. As your arms grow heavy, your body sinks deeper into the chair. As your body sinks deeper, your breathing slows further. And as your breathing slows, you go deeper still." The chain is powerful because each link depends on the previous one, creating a cascade of deepening that compounds.

The power of loops and chains lies in their redundancy. If the subject misses one link, the next picks up where the last left off. The unconscious mind catches the thread and continues the sequence.

Level 4: Fractionation (The Deepest Deepener)

Fractionation is widely considered the most powerful deepening technique. It involves bringing the subject partially out of trance and back in again. Each cycle of out-and-in produces dramatically deeper trance. The subject's unconscious mind recognizes the pattern and prepares for deeper absorption each time. It is the hypnotic equivalent of rehearsing a musical passage: the more you play it, the more natural and effortless it becomes.

In a fractional deepening sequence, the hypnotist counts the subject up to slight wakefulness, then counts them back down: "When I count to three, you will open your eyes, feel alert and refreshed, and when I snap my fingers, your eyes will close and you will go three times deeper than you are now. One, two, three open your eyes. And as you open your eyes, you can notice how much calmer you feel. And now, on the count of three, your eyes will close and you will drop deeper. Two, three and snap."

The *Rapid Street Hypnosis* guide recommends limiting fractionation to three repetitions at most. The *Mastering Hypnosis* guide describes rehypnotization for stage shows: subjects look into the hypnotist's eyes (which sends them back into deeper sleep), and unresponsive subjects are dismissed. This both deepens the responsive subjects and screens for those incapable of deep hypnosis.

Fractionation works through several mechanisms: the initial wake-up disrupts the critical faculty; the re-entry takes less effort than the first induction because the subject's mind recognizes the pattern; and the compounding depth produces a measurable increase in suggestibility with each cycle.

Deepening Through Physical Techniques

Verbal deepening is powerful, but pairing it with physical manipulation produces dramatically stronger results.

Shoulder Rocking

Anthony Jacquin places a gentle hand on the subject's shoulder and rocks them slightly backwards and forwards. "As I rock your shoulder, you can continue to relax." This technique produces dual feedback: the subject feels physical movement (associated with being rocked to sleep, a deeply ingrained soothing association), while the hypnotist feels whether the subject is stiff or relaxed, giving immediate information about depth.

Hand Holding and Arm Support

Holding the subject's hand, supporting their arm, or maintaining light contact with their wrist during deepening provides a physical anchor. The subject senses the hypnotist's touch and interprets it as continued control. Jacquin notes that when holding the wrist, the subject cannot tell whether the hypnotist is still supporting the arm or letting it hang by itself, which encourages dissociation from the limb.

Breathing Pacing

Pacing the subject's breathing during deepening is one of the oldest and most reliable physical deepening methods. The hypnotist synchronizes their own voice with the subject's exhalation suggesting "deeper" or "relax" on the breath out. Because exhalation activates the parasympathetic nervous system, slow deep breathing produces genuine physiological relaxation, which the mind interprets as deepening.

The *Rapid Street Hypnosis* guide recommends the "Go There First" principle: "If you want someone to feel relaxed, your suggestions will be hugely more powerful if you first feel relaxed yourself. Take deep breaths yourself and time your breathing to theirs."

Leg Support

Jacquin observes that when a subject's feet are planted together and their center of gravity is controlled, the hypnotist can say "Your legs will support you" and often see a half-inch knee bend as the subject surrenders weight to their legs. This is both a deepener (the subject experiences physical release) and a safety mechanism (the legs support rather than collapse).

The Language of Deepening

Direct Suggestion

The simplest deepening language: "Deeper. Deeper and deeper. Going deeper now." Most effective when delivered with confident, slowing cadence. The hypnotist's voice itself acts as a deepening signal slower, lower, softer with each phrase.

Pacing and Leading

The hypnotist first paces what is happening ("Your eyes are closing"), then leads to deepening ("and that's right, and as your eyes close, you go deeper"). Every paced statement is accepted without resistance, creating momentum for the leading suggestion.

Embedded Commands

Deepening suggestions embedded within longer sentences: "And as you listen to my voice you can begin to notice how comfortable it is to let go." The critical faculty processes the whole sentence; the unconscious mind latches onto the embedded command.

Truisms

Delivering obvious truths before a deepening suggestion creates a yes-set: "Your breathing is slow, your eyes are closed, your hands are still, and you can go deeper now." Each true statement reduces resistance to the next.

Assumed Outcome

Deepening language always assumes the subject is going deeper: "As you settle deeper," "As you enjoy the deepening," "As your unconscious mind takes over." Not "If you relax" but "As you relax." The mind tends to perform to match the assumption.

Temporal Markers

Words of time carry deepening power: "With each breath," "As the minutes pass," "By the time you reach five," "Sooner than you think." These words create the expectation that trance deepens as time passes.

Loops and Recursion

Deepening loops are self-referential cycles of suggestion: "The deeper you go, the more relaxed you feel. The more relaxed you feel, the easier it is to go deeper." These loops can recurse indefinitely because each statement reinforces the next.

Negative Deepening

Suggesting the absence of something produces deeper results: "There is nothing between you and deeper relaxation. Nothing between your mind and the unconscious. Nothing stopping you from going deeper now."

Deepening After Different Induction Types

Progressive Relaxation. The subject is already relaxed. Deepening extends the relaxation cascade into the mental: "From the relaxation in your body, now let that relaxation travel into your mind. Deeper and deeper."
Eye Fixation. The subject's eyes are tired and closed. Deepening builds on the fatigue: "Your eyes are closed and they stay closed. The heavier they get, the deeper you go."
Elman Induction. The subject is often already deep. Deepening stabilizes the depth with fractionation: "Eyes open, deeper closed. Eyes open, deeper closed."
Handshake Induction. The subject entered through confusion. Deepening locks around the fixation point: "As you watch my hand, you can drift deeper, and the more you watch, the deeper you drift."
Conversational Induction. The subject entered gradually. Deepening makes the process aware: "And you may be wondering how deeply you've gone, and as you wonder, you can continue to go even deeper."
Confusion Induction. The analytical mind is overwhelmed. Deepening directs the overwhelm: "The more your mind tries to figure it out, the faster it goes deeper."
Fractionation Induction. The subject is already deepening through the out-and-in cycles. Additional fractionation: "Every time your eyes close, you go twice as deep."

Stage Deepening vs. Clinical Deepening vs. Street Deepening

Stage hypnosis demands visible, dramatic deepening. Fractionation with eye-open/eye-closed cycles is popular because it is visually dramatic. Building early successes through quick physical tests compounds depth. Stage deepening is fast, energetic, and audience-facing.

Clinical hypnosis prioritizes sustained, comfortable depth. Progressive deepening through imagery descending stairs, elevators, floating on a cloud is preferred. The deepening phase may be longer and more gradual, because therapeutic suggestions work best at medium-to-deep trance with a stable container.

Street hypnosis operates on the shortest timeline. Jacquin typically spends thirty seconds: "Deeper and deeper. As I rock your shoulder, continue to relax. Every breath, deeper and deeper. Your legs will support you." Quick, effective, sufficient for the phenomena that follow.

Deepening Through Imagery and Metaphor

Imagery-based deepening uses visualization to carry the subject deeper.

The Staircase. The subject imagines descending a staircase. Ten steps, each taking them deeper. Five steps. One step. At the bottom, total relaxation. Widely used because it provides clear sequential structure and a familiar metaphor for descending.

The Elevator. Similar to staircase but faster the subject enters an elevator pressing the button for the deepest floor. The elevator descends rapidly. Effective for subjects who want dramatic deepening.

Floating. The subject floats on a calm lake, on a cloud, in warm water. Buoyancy releases the need to hold oneself up, which the mind interprets as deep surrender.

The Beach. The subject walks along a beach, each wave washing over them and taking them deeper. The rhythmic wave pattern mirrors breathing.

The Garden. The subject walks through a garden gate into a private garden where it is always peaceful. The further they walk, the deeper they go.

Descending Tunnel. The subject moves through a tunnel that narrows behind them, with warmer, softer lighting. Each step narrows external awareness.

The *Mastering Hypnosis* guide describes imagery: "You are floating down, gently down, deep, deep down to sleep. You are so very tired. Every muscle of your body wants sleep, restful sleep." The key is vividness the imagery must occupy the imagination fully, leaving the analytical mind with no resources for resistance.

Compound Suggestions and PostHypnotic Deepening

A compound suggestion includes a deepening component. Instead of "Your hand will rise," the hypnotist says "Your hand will rise, and as it rises, you will go deeper." Instead of "You will forget your name," the hypnotist says "You will forget your name, and the harder you try to remember, the deeper you will go."

The *Mastering Hypnosis* guide: "Adding the suggestion that the completion of a certain test will send the subject into a deeper sleep. In this way, success triggers deeper hypnosis and with it, the potential for even greater success in subsequent experiments." This creates a self-reinforcing cycle: each success produces deeper trance, which produces easier success.

Posthypnotic suggestions can include deepening triggers: "From this moment forward, whenever I snap my fingers, you will immediately return to this state, twice as deep as before." This is the foundation of rehypnotization the subject can be brought back into deep trance with minimal effort.

Calibration: Reading Depth

The skilled hypnotist continuously calibrates the subject's depth. Observable signs of deepening:

- Slowing, deepening breathing. Breath becomes slower and more regular.
- Reduced fidgeting. The subject becomes motionless or shows only slight ideomotor movement.
- Heaviness. Body sinks into the chair. Neck muscles relax, head droops.
- Eye flutter. REM-like movement beneath closed eyelids increases, then may slow and stop as depth increases.
- Glossy or glazed eyes. Increased lacrimation when eyes are briefly opened.
- Delayed responses. Verbal response time slows.
- Catalepsy. Arms, hands, and eyes become rigid or locked.
- Skin color changes. Flushing or pallor from blood-flow redistribution.
- Swallowing. Less frequent swallowing as jaw muscles relax.

If strong signs of deepening appear, increase pace and intensity. If faint or inconsistent, return to stronger methods fractionation, compound suggestions, physical manipulation. If the subject appears to surface, a sharp deepener a snap of the fingers, a firm "Sleep," a hand on the shoulder can re-capture the trance.

Common Deepening Mistakes

Speaking too fast. Rapid speech signals superficiality. Deepening language should slow, mirroring the subject's state. Slow words, long pauses, lower pitch.

Not observing. Delivering the deepening script regardless of the subject's responses. A subject who is already deep needs only a brief stabilizer. A subject who is shallow needs more intensity.

Deepening without testing. Going deeper without confirming responsiveness. Test before you deepen. Arm levitation, hand catalepsy, eye catalepsy confirm depth, then amplify it.

Overdeepening. Too much deepening too fast. The subject may become too absorbed to respond to individual suggestions, too deep for name amnesia, too heavy to move. Watch for excessive stillness, rapid deep breathing, complete body rigidity.

Ignoring resistance. If a subject resists deepening eyes snapping open, arm dropping, restless movement a permissive deepener works better: "You can go deeper in your own time, or you can stay exactly where you are and enjoy the relaxation." Often, dropping pressure produces deeper results than demanding compliance.

The Law of Association in Deepening

At its core, deepening works through the law of association. Two things occurring together repeatedly become linked. Every breath taken in trance becomes associated with deepening. Every word becomes associated with going deeper. Every heartbeat becomes associated with deeper relaxation. Every eye flicker becomes associated with deeper absorption.

The hypnotist observes what is happening and links it to deepening. The subject's mind has nothing else to do except accept the association. The analytical mind is too occupied with the induction to evaluate. The unconscious mind needs no evaluation it associates and responds.

"Every breath you take will take you deeper and deeper." breath linked to deepening.

"Every word I say, every beat of your heart." voice and heartbeat linked to deepening.

"As your eyes flicker, you go deeper. The deeper you go, your eyes flicker more." eye flicker linked to deepening, linked back.

"As I rock your shoulder, you continue to relax." physical movement linked to deepening.

"The higher your arm rises, the deeper you go." rising arm linked to deepening.

These associations are simple. They are elegant. And they are extraordinarily powerful because they work with the mind's natural learning mechanisms rather than against them.

How Much Deepening Is Enough?

- **Street hypnosis:** Thirty seconds to one minute. Quick verbal and associative deepening.
- **Stage hypnosis:** One to three minutes. Fractionation and compound suggestions.
- **Clinical hypnosis:** Two to five minutes. Gradual imagery, breathing, associative deepening.
- **Self-hypnosis:** Five to ten minutes. Imagery-based deepening, counting, progressive relaxation.
- **First-time subject:** More deepening than experienced subject.
- **Resistant subject:** Stronger deepening fractionation, physical manipulation, confusion-based.
- **Highly suggestible subject:** Less deepening needed. May enter deep trance within seconds of induction.

Deepening Through Tests

Testing itself is a form of deepening. Every suggestion the subject successfully responds to deepens trance further. The *Mastering Hypnosis* guide: "Since the impact of your suggestions grows with each success and diminishes with each failure, always begin with tests which offer the highest possibility of success and progress to increasingly more challenging ones." The progression of tests serves as a deepening ladder:

Catalepsy (easiest) Hand locking. Arm stiffening. Eye closing. The subject demonstrates that the conscious mind cannot control an involuntary response.

Ideomotor movement Arm levitation. Finger twitching. Head nodding. The unconscious mind takes over voluntary movement.

Amnesia Forgetting name. Forgetting number. Forgetting the hypnotist's identity. The mind loses access to normally available information.

Hallucination Seeing what is not there. Not seeing what is there. The mind constructs or erases sensory experience.

Analgesia Pain removal. Numbness. Insensitivity to pinprick or cold.

Regression Reverting to earlier behavior. Age progression. The mind loses awareness of normal time.

Each test deepens the state further. Each success compounds the depth. Each compound suggestion adding "and as you do this, you go deeper" to the mix. The hypnotist builds upward from the simplest test to the most complex phenomena.

What Deepening Feels Like

The subject does not have a feeling called "hypnotic depth." There is no such feeling as being hypnotized. The subject feels relaxed. Focused. Like their mind is quiet. They may feel nothing at all and still be deeply hypnotized.

What the subject feels depends on what the hypnotist suggests. Heaviness yields heaviness. Warmth yields warmth. Floating yields weightlessness. Sinking yields sensation of sinking through the chair. The mind accepts whatever is suggested because deepening suspends the critical faculty's tendency to evaluate.

The hypnotist's job is to read observable cues and deliver deepening language that matches them. If the subject's breathing is slowing, suggest "deeper." If their arm is rising, suggest "deeper." If their eyes are flickering, suggest "deeper." The subject does not need to feel deeper. Their mind goes deeper because the external signals tell it to.

The Three-Second Deepener

For impromptu hypnosis, the street hypnotist, and the therapist with time-limited sessions, there is a bare-minimum deepening technique:

Place hand on shoulder. Say: "Sleep. Deeper. Deeper. Deeper." Count to three while rocking gently. On three: "That's right, sleeping deeper."

Three seconds. One physical anchor. Three repetitions. A trigger for future deepening: "From this moment forward, whenever I touch your shoulder and say 'deeper,' you will go three times deeper."

Touch, repetition, suggestion. The bare bones of deepening. Strong enough to hold the subject in trance long enough for at least one phenomenon to manifest.

Summary

Deepening is the process of carrying the subject from the threshold of hypnosis into increasingly stable and deeper levels of hypnotic responsiveness. It is not optional. An induction without deepening produces a fragile, light trance. Deepening stabilizes, intensifies, demonstrates, and prepares.

There are four levels of deepening: verbal (saying "deeper"), associative (linking ongoing phenomena to going deeper), loops and chains (self-reinforcing cycles of deepening), and fractionation (out-and-in cycles that compound depth exponentially). Physical techniques shoulder rocking, hand holding, breath pacing, leg support amplify verbal deepening by providing tangible evidence of control.

The language of deepening follows precise patterns: pacing and leading, embedded commands, truisms, assumed outcomes, temporal markers, loops. It matches the induction type, the setting, and the subject's suggestibility. Stage deepening is dramatic and visible. Clinical deepening is gradual and sustained. Street deepening is rapid and efficient. Deepening through imagery uses stairs, elevators, beaches, and floating to stimulate the imagination.

Compound suggestions embed deepening within every test. Posthypnotic triggers install the capacity to deepen automatically. Fractionation produces the deepest levels by exploiting the mind's pattern-recognition. Testing serves as a deepening ladder each successful phenomenon pulling the subject deeper.

Deepening works through the law of association. Every breath, every heartbeat, every eye flicker, every word, every physical sensation all become linked to the idea of going deeper. The mind associates and responds. The skilled hypnotist calibrates to the subject's observable cues, adjusts intensity accordingly, avoids common mistakes, and knows when enough is enough.

The subject does not need to feel deeper. Their mind goes deeper because every signal says so. The hypnotist observes, links, suggests, and the unconscious mind obeys. Deepening is the ongoing work of carrying the subject further, deeper, until the unconscious mind assumes full responsibility and hypnosis is no longer something happening it is simply where the subject now lives.

Chapter 7: Giving Suggestions

Suggestion is the fundamental building block of hypnosis. If induction is the process of guiding the subject into a hypnotic trance, suggestion is the process of directing the subconscious mind to create change, relaxation, or specific experiences. A suggestion is essentially a unit of information given to the subconscious mind, which then acts to manifest that information in perception or behavior.

To be effective, suggestions must be formulated correctly and delivered at the right moment. They must bypass the "Critical Faculty" (or Critical Factor)the gatekeeper of the conscious mind that analyzes, doubts, and rejects new information. When the Critical Faculty is bypassedor when suggestions are framed so smoothly that the Critical Faculty has no objectionthe subconscious accepts them as absolute truth.

This chapter explores the mechanics of suggestions, from direct commands to complex indirect linguistic patterns, ensuring you have an immense "spell-book" of techniques at your disposal.

1. The Nature of Suggestion

The subconscious mind does not reason; it accepts. However, it has rules for what it accepts.

1. **It requires belief:** The suggestion must seem plausible or emotionally resonant.
2. **It is literal:** It understands images and feelings more than abstract concepts.
3. **It is time-bound to the present:** It does not understand the future.
4. **It is positive-oriented:** It focuses on what *is*, rather than what is *not*.

For example, if you tell the subconscious mind, "Don't think of a white bear," it will immediately conjure an image of a white bear. To tell the subconscious mind to lose weight, you say, "I am becoming slimmer," not "I am not fat."

2. Direct Suggestions

Direct suggestions are explicit commands. "Your eyelids are heavy." "You are relaxed." "You will wake up feeling great." They are clear, concise, and leave no room for misinterpretation.

When to use them: *With highly suggestible subjects (somnambulists). When the subject explicitly wants the hypnosis to be straightforward. To reinforce previous suggestions (e.g., "Your hand will remain lifted until I ask you to lower it"). In self-hypnosis.*

The Method: Direct suggestions are most powerful in deep states of trance. In the waking state or light trance, the conscious mind is too analytical; if you say "Sleep!" too early, it will resist. Once the subject is deeply relaxed and the focus is narrowed, direct suggestions are the most efficient way to deliver change.

Example:

"Now, I am going to count from one to five, and on five, you will open your eyes feeling completely refreshed, knowing that you can quit smoking immediately if you wish."

3. Indirect Suggestions

Indirect suggestions are hidden within the conversation. They are delivered via metaphors, stories, questions, and complex sentence structures. The subconscious picks up the suggestion, while the conscious mind is entertained by the words.

This is the "secret weapon" of modern hypnosis, pioneered by Milton H. Erickson and further developed by NLP practitioners and conversational hypnotists like Anthony Jacquin and Igor Ledochowski.

Why use them? *They bypass the Critical Factor effortlessly.* They engage the imagination. * They allow the subject to "create" the suggestion within their own mind, making it more potent.

Example:

"I don't know if you can feel your hand relaxing right now," (Uncertainty implies it's happening somewhere). "Or if you'll feel your arm go limp like a rag doll... or perhaps just a little tingly numbness... It doesn't matter, as long as the deeper mind knows what to do with that sensation."

4. Formulating Effective Suggestions

Regardless of whether the suggestion is direct or indirect, its internal structure matters. Here are the cardinal rules for creating powerful suggestions.

A. The Rule of Positive Phrasing

The subconscious mind struggles with the word "not." If you say "Don't be nervous," it first has to access the concept of nervousness before negating it. * *Weak:* "Don't be anxious." * *Strong:* "You are calm and cool." * *Strong:* "Feel a wave of relaxation washing away the tension."

B. The Rule of Present Tense

The subconscious mind lives in the "Now." Future tense ("I will be confident") requires effort to visualize. Present tense ("I am confident") is accepted immediately as a state of being. * *Weak:* "I will lose weight." * *Strong:* "My metabolism is speeding up." * *Strong:* "My body is naturally shedding fat."

C. The Rule of Personal Ownership

Suggestions land harder when they are owned by the subject. They must feel like they are coming from the inside. * *Weak:* "Your hand is relaxing." * *Strong:* "You are becoming aware of how relaxing it feels to let go of your grip." * *Weak:* "You will feel good." * *Strong:* "A feeling of well-being starts to expand inside me."

D. The Rule of Concreteness and Sensory Language

Abstract words are weak. Concrete words create images, and images create neuro-chemical responses. Use the VAKOG model (Visual, Auditory, Kinesthetic, Olfactory, Gustatory). Instead of saying "relax," describe the physical sensation. * *Concrete:* "Feel the weight of your head sinking deep into the pillow, feeling heavy, supported, and safe."

E. The Rule of Specificity

Vague suggestions yield vague results. Specific suggestions yield precise changes. * *Vague:* "You'll feel better." * *Specific:* "The pain in your lower back will fade by 80%, leaving only a pleasant warmth."

5. Embedded Commands

Embedded commands are suggestions hidden within a sentence. The conscious mind hears a normal sentence, but the subconscious picks up the highlighted phrase.

How to Embed: 1. **Tonality:** Shift your voice pitch or speed slightly on the command word. 2. **Gesture:** Point or make a motion at the exact moment of the command. 3. **Pause:** Pause slightly before and after the command phrase.

Example:

"You can go deeper into this state **[Pause]** and **relax completely [Pause]** whenever you wish."

In this example, the conscious mind hears "everywhere is peaceful," but the embedded command hidden by the tone change is *relax completely*.

The Rogue Hypnotist's Tip: When you say the embed, lower your tone at the end of the sentence as if giving a command (known as *command tonality*) and slightly turn your head; this marks out the phrase as being distinct from the surrounding words. The subconscious then knows you are talking to it.

6. Truisms and the "Yes Set"

A Truism is a statement that is obviously true ("The sky is blue," "You are breathing"). When we say a series of truisms, the Critical Faculty relaxes because there is nothing to contradict. The mind says "Yes" to each statement. By the end of the sequence, we introduce the suggestion, which is now attached to the momentum of the past "Yes" answers. This is known as a **Yes Set**.

Example:

"You are sitting in that comfortable chair. [Truism] Your feet are resting on the floor. [Truism] Your clothes are soft against your skin. [Truism] And it's beginning to feel **so easy to go into a deep trance.** [Suggestion]"

The Yes Set Formula (Fact, Fact, Fact, Suggestion): 1. "You are sitting there..." (Verifiable fact.) 2. "Wondering just exactly how this will happen..." (Assumed mind-reading.) 3. "You are breathing in the way you are..." (Verifiable they are breathing.) 4. "You can notice certain sensations..." (Verifiable otherwise they'd be dead.) 5. "And the most pleasant one can captivate you?" (Suggestion.)

One of the functions of the conscious mind is to guard you from possibly harmful influences. By stacking truisms, we tell the analytical filter, "No problem, no beliefs are violated," allowing the final suggestion to slip through.

7. Complex Sentences (Ericksonian Patter)

Complex sentences are sentences that have no specific meaning but carry the *potential* for meaning. They are syntactically correct but semantically fluid. The brain gets "smeared" looking for the object and action, allowing the suggestion to slip through.

Common Forms (Igor Ledochowski Conversational Hypnosis):

- **"As... So": "As you listen to my voice, you become more relaxed."**
- **"Because" (Power Word):** "The word *because* has many different functions, the simplest function of which is to allow two concepts to attach together, to flow seamlessly from one idea to another because that's how the mind functions." (Research by the "Because" rule shows even circular justifications increase compliance.)

Vague Language:

"As you sit there, wondering what will shift and change first, you could just draw your attention to your breathing or notice a pleasant sensation inside Perhaps in that hand Perhaps in that foot Maybe in a big toe"

Nothing specific is said, nobody is told, "Do this, do that," but in a vague way we are having your attention redirected through process language. By talking about things in general terms, you allow the listener to fill in the 'gaps.' By so doing, they must use their imagination; by using their imagination, they enter trance and a light state of hypnosis.

8. Indirect Suggestion Patterns

These patterns allow you to give a suggestion without ever using the imperative mood.

A. The Double Bind (Illusion of Choice)

You give two choices, both of which lead to the desired outcome. Popularized by Erickson and often called the "choice without choice." "*Should you relax your right arm first, or your left arm first?*" *(Both arms will relax.)* "Would you like to go into a trance now, or after your next breath?" (They will go into a trance either way.)

B. The "I Wonder" (Presupposition)

"I wonder if you'll notice the tingling in your hands." Presupposes tingling is happening; the subject just needs to notice it.

C. "When you X, you will Y" (Temporal Link)

"When you take a deep breath, you will find yourself drifting down twice as deep."

D. Utilizing Resistance

"It doesn't matter if your mind is busy or quiet, as long as your body knows how to rest." "You are trying so hard to relax, and that effort is making you even more relaxed."

9. PostHypnotic Suggestions

Posthypnotic suggestions are suggestions given during the trance that are meant to be acted upon *after* the subject wakes up. They are used to reinforce therapy goals.

To make them effective: 1. **Link them to a trigger:** "Every time you hold your wrist like this..." 2. **Specify the timing:** "When you open your eyes..." 3. **Use them sparingly:** Too many create clutter. Two or three powerful ones are better than ten weak ones. 4. **Test them:** "When you open your eyes, you may find yourself wondering how you got here, but as soon as you focus on my hand, the memory will return."

Example:

"When you hear the word 'calm,' you will automatically take a deep breath and feel your shoulders drop."

10. Specific Types of Suggestions

Depending on the goal of the hypnosis session, you will use different categories of suggestions.

A. Direct Suggestions for Symptom Relief

"Imagine the pain as a knot of red wire. Watch as that wire unties itself, turning into a loose coil of blue ribbon, feeling loose and comfortable in your mind."

B. Affirmations (Self-Esteem and Identity)

These rewrite the self-image. The Rogue Hypnotist emphasizes that affirmations work best when phrased in the present tense and with emotion. "*I am worthy of love.*" "I am a magnet for success." * "I choose to let go of the past."

Total Confidence Boost Script:

"He can feel totally confident, in any and all situations, no matter where he is, who he's with, man or woman, children, teenagers... regardless of perceived status, he can feel totally relaxed inside and out, comfortable, total confidence is his, at ease now."

C. Dream Work Suggestions

"Tonight, in your sleep, you may dream about a forest. And as you walk through the forest, you will find a clear pool of water that will wash away your worries."

D. Waking Suggestions

"The next time you feel stressed, simply touch your thumb to your index finger and you will instantly feel calm."

11. Suggestions in Different Contexts

A. Waking Hypnosis (Impromptu / Street)

In waking hypnosis, suggestions must be fast and natural. * **Speed:** "Now, **relax**." (Fast, clear.) * **Subliminals:** Speaking very quietly and quickly within a normal conversational volume. "As you listen to my voice, you might become aware of how very **deeply relaxed** you are." * **Example (The 5-Step Instant Induction Process):** 1. Verbally set up trigger: "In a moment, I'm going to ask you to press down on my hand." 2. Build compliance while physically setting up trigger. 3. Release trigger. 4. Give "Sleep" command. 5. Deepen immediately.

B. Children's Hypnosis

Children respond best to concrete, visual suggestions and active imagination. Avoid abstract words like "subconscious." * *Instead of:* "Your thoughts are slowing down." * *Say:* "Imagine you are watching your busy thoughts zoom by like toy cars on a track, and now, you are pushing the 'off' button on your toy controller. *Beep.* The toy cars have stopped." * Children are naturally more hypnotizable (highly suggestible due to active imagination) but require more playfulness and engagement.

C. Pain Control (Analgesia)

- **Numbing:** "Your arm is turning into a thick block of ice."
- **Distraction:** "Your mind is focusing on a warm, golden light in your forehead, so the pain in your foot goes to the background."
- **Transformation:** "Imagine the pain is turning from a sharp red needle into a soft, warm purple pillow."
- **Distance:** "That pain is very far away in your leg now." (Myron Teitelbaum's techniques show dissociation reduces pain perception significantly.)

12. Symbology and Metaphor Suggestions

Symbology uses internal symbols to communicate with the subconscious directly. This is a concept the Rogue Hypnotist calls *Subconscious Symbology Communications (SSC).*

How it works: Ask the subject to close their eyes and imagine a relaxing place outside in nature an "oasis" or private inner sanctum. Ask them to notice something relaxing heading their way an object that represents deep relaxation. As it descends and "absorbs" them, the sensation of calm is implanted.

Example:

"Notice the sights, colours, shapes and things vividly It all seems so real. Any soothing sounds of nature. And just locate a location that seems just right for lying down and resting. As you lie down, you look up at that perfect sky, and you notice something relaxing heading your way. It is your symbol of deep relaxation and hypnosis now floating down like a feather or leaf and amazingly, delightfully it reaches you and absorbs you completely."

The subconscious understands pictures and symbols better than words. By attaching the feeling of peace to a visual object, the subject can "re-enter" that state at will.

13. The Six-Step Suggestion Process (Street/Surface Hypnosis)

For demonstrations and stage hypnosis, the subconscious needs a structured approach to produce visible phenomena:

1. **Describe Desired Result and Give Direct Positive Suggestion For Future:** "In a moment, you are going to realise that your hand is stuck to the wall, and you will not be able to unstuck it."
2. **Use Imagery and Reference Experience:** "It will be as if I have come along with powerful glue and stuck that hand down." Reference a real life experience: "Like when you're looking for your wallet and it's right in front of you but you can't see it."
3. **Repeat 1 and 2:** Repetition builds subconscious acceptance. "In just a moment stronger and stronger now."
4. **Issue Challenge / Test Suggestion:** "Now, attempt to try and unstuck that hand, and notice as it sticks down tighter. Try not, and find it's stuck!" Hammer the suggestion even after the challenge: "That hand is stuck!"
5. **Remove Suggestion:** "That hand is free. You can move your hand normally. Everything is completely back to normal." *Crucial in stage hypnosis to ensure the effect doesn't linger.*
6. **Test Removal:** Ask them to move their hand, or tell you their name.

14. Advanced Suggestion Patterns for Certain Success

A. The Confusion Technique (Anthony Jacquin)

By using ambiguous language or paradoxes, the conscious mind loses focus and the suggestion lands.

"As your eyes flicker, your hand is getting lighter and lighter and lifting upward." (Linking an observed sign eye flicker to an imagined suggestion arm levitation bridges the gap.)

B. Embedded Commands with Spatial Anchors

Gesture to your right side whenever you mention something "good," and gesture to your left side whenever you mention something "bad." Then, when you deliver an embedded command, fire your right-side gesture.

Example:

"Yesterday I found a sack of money (R). Inside was a note saying whoever found it could keep it (R). But the bank was closed (L). I turned around and saw a guy with a gun (L). I heard a police siren (R)."

C. Broken Loops and Nested Stories (Hypnotic Seduction)

Start telling a story, break it off right at the tension point ("And then he opened the door"), and start another story ("Now, before that, let me tell you about the girl in the blue dress"). The brain "hates unfinished business" (Zeigarnik effect) and remains in a state of absorption, allowing embedded suggestions to land within the "middle" story without the conscious mind noticing.

15. Handling Subject Resistance to Suggestions

Sometimes a subject will resist ("I'm not relaxed."). Here is how to frame suggestions to utilize resistance:

- **Denial of Control:** "It doesn't matter if your mind is busy or quiet, as long as your body knows how to rest." (Milton Erickson's utilization principle whatever the patient presents, you use.)
- **Reframing:** "You are trying so hard to relax, and that effort is making you even more relaxed."
- **Accept Ambivalence:** "He is both willing and unwilling to secure help from you, so try to define the situation for him in such a way that he can get help in one direction and refuse help in another." (The patient's ambivalence becomes the engine of trance.)

Summary

Giving suggestions is an art that combines logic with creativity. You must choose the right vehicle Direct, Indirect, or Metaphor based on the subject's state and personality. You must craft the words to be positive, present-tense, and sensory-rich, anchored by clear triggers. And you must deliver them with timing, tone, and conviction. By mastering these layers of suggestion from simple embedded commands to complex broken loops you are no longer just telling people to relax; you are planting seeds of change in the fertile soil of their subconscious.

Chapter 8: Bringing Someone Out of Trance

Bringing someone out of hypnosis known in the field as **exduction** (or sometimes *awakening*, *arousal*, *emerging*, *reorienting*, or *waking up*) is the process of guiding a person safely and comfortably from a hypnotic state back to full, alert, waking consciousness. It is the final act of the hypnotic session, and like the opening pretalk and the induction itself, it carries profound importance. Done well, the subject leaves on a wave of positivity, clarity, and refreshment. Done poorly, they may emerge feeling groggy, disoriented, or worse with a headache or lingering suggestibility.
Exduction is the mirror image of induction. If induction is the process of narrowing attention and descending deeper into trance, exduction is the process of widening attention, re-engaging the conscious mind, and restoring full environmental awareness. Yet many hypnotists particularly those influenced by stage hypnosis or impromptu demonstrations skip this step entirely or rush through it. They believe the subject will naturally awaken when the trance state dissipates. This is true, but it is also lazy hypnosis. An excellent hypnotist *takes control of the wake-up*, just as they took control of the induction, ensuring the subject emerges exactly as intended.

1. The Principles of Exduction

Before delving into specific methods, it is essential to understand the guiding principles of waking subjects from trance.

The Golden Rule: The Longer In, The Longer Out

A fundamental principle of hypnosis is that **the longer a subject has been in trance, the longer and more deliberate their exduction should be**. A subject who has spent fifteen minutes in deep somnambulistic trance should not be jerked back to full consciousness with a sharp snap of the fingers and a loud "open your eyes!" This is how cheap stage hypnotists work, and it can leave the subject feeling startled, confused, or even slightly unsettled. Conversely, a subject who has experienced only a light, three-minute demonstrative trance can be brought out quickly and crisply without any disorientation.

The Voice: From Hypno-Voice Back to Waking Voice

Throughout a hypnotic session, the hypnotist uses a specific voice quality slower, softer, deeper, more resonant (what many call the "hypno-voice"). During exduction, this voice must *gradually shift* to match the subject's returning waking state. The tempo increases slightly, the pitch rises from chest resonance to normal speaking range, and the tone becomes more energized and alert. The transition should be smooth and natural, not a jarring stop. The hypnotist's voice becomes a kind of ladder or rather, an elevator going up and as the subject's consciousness rises, the voice rises with it, eventually settling back into normal conversational tone.

The Safety Failsafe: Built-In Awakening

A best practice in therapeutic hypnosis is to build a failsafe into the very beginning of the session. During pretalk or early induction, the hypnotist can say something like:

"In a moment you will experience a deep hypnotic trance. If for any reason or emergency you need to awaken if I stop speaking, if someone calls your name, if a bus pulls up outside you can simply open your eyes and return to full waking consciousness, totally wide awake and completely in control of everything. But for now, sit back, relax, and let go."

This serves multiple purposes: it reassures the conscious mind (and the "Critical Factor") that escape is always possible, it protects against emergencies, and it often allows the subject to deepen *further* because they feel safe enough to let go. Anthony Jacquin notes that this procedural instruction is particularly vital in stage hypnosis should "health and safety" requirements demand that a subject be quickly roused.

The Non-Count Approach

Not all exductions require counting. A subject who has been hypnotized multiple times before learns the rhythm of "in and out" and can often return to waking consciousness simply on cue. Dr. Milton Erickson frequently used non-count awakening methods, as did Anthony Jacquin, who states:

"I never used to count anybody out. It seemed like an opportunity missed because I would use a sort of double bind at the end of the session that only as quickly as your unconscious knows and has made the changes, and your conscious mind has accepted those changes, will you drift back up to full consciousness and wait for the feeling that it is completely over."

In this approach, the hypnotist simply shifts the language and tonality toward awakening, perhaps saying:

"And now you can start to become aware of this present moment. Aware of your body. Of the noises around you. Feeling more and more awake. Refreshed, well, and happy, reorienting your awareness back here, now. And when I tell you to open your eyes you will feel totally wide awake, feeling amazing."

2. The Count-Up Method: Step by Step

The most widely used exduction technique is the **count-up method**, where the hypnotist counts from 1 to 5 (or 1 to 10) in a gradually rising, energized voice. Each number is associated with a specific suggestion about how the subject will feel as they return to full waking consciousness. This method provides structure, gives the conscious mind something to latch onto, and ensures all aspects of recovery are addressed.

The 1-to-5 Count-Up (Standard Therapeutic)

This is the classic, widely applicable exduction used in the majority of therapy sessions:

"I am now going to count from 1 to 5. On the count of 5 you will feel fully wide awake, alert, feeling calm, confident, and relaxed, feeling very good.

1 Gradually awakening. After this session you will feel an inner warm glow of confidence, a renewed optimism for life.

2 Realising how much better you feel. All past tension gone, all unnecessary relaxation leaving your body. Feeling more energised.

3 Lighter and brighter. When you open your eyes in a few moments, you'll feel very, very healthy, happier, and more centred than before. You'll be lively, alert, full of energy and vitality.

4 Normal feelings now returning to each and every muscle group. Feeling so good.

5 Everything back to normal. Normal waking breathing, mind clear and very alert. Feeling great and reenergised. Eyes open as soon as you're ready, wide awake and alert on 5!"

This is the "Awakening Process" from the Rogue Hypnotist's "How to Hypnotise Anyone," and it follows a clear structure: each count number builds on the last, progressing from internal reawakening (count 1) through physical return (counts 2-4) to full environmental re-entry (count 5).

The 1-to-10 Count-Up (Extended Therapeutic)

For longer or deeper sessions, or when more elaborate posthypnotic reinforcement is desired, an extended 1-to-10 count provides a richer, more detailed awakening:

"As I count from 1 to 10, all I've said in this successful session stays with you, only growing stronger every second of each passing day. Just a habit now. You continue with your confident, happy, relaxed, and calm mindset, able to achieve your goals.

1 The unconscious will act upon these words automatically when needed.

2 Awakening with a much more positive attitude in general. Feeling good, almost as though a burden has been lifted. All of your best qualities seem enhanced.

3 Pleased and proud that you've overcome the challenges you once had. More joy in life as a consequence. More faith in yourself.

4 Every muscle has been cleansed and purified as if by magic and that was hypnosis magic, by the way.
5 You will feel so very good upon awakening. You'll feel fully healthy and well. Life provides you with opportunities which you seize with relish! Full of energy and life force more aware of your body and environment.
6 Normal feelings moving through you pleasantly. More aware of noises and the room out here.
7 Realising that when you awaken soon, you can forget to remember what you can remember to forget.
8 Feeling better than you have in weeks, lightening up about so many things.
9 Almost all the way out, reinforcing all the best things you ever thought about yourself. You feel so amazing.
10 Everything returned to normal. All bodily functions back to normal. Back to 100% normal waking consciousness with a wonderful, clear, and precise mind. Totally refreshed and rested, as if you had a great night's sleep. Delightfully reenergised. Eyes open as soon as you're ready feeling good.
That's it. You're done."
This is from the "Count Up to 10 Exduction Procedure" in "Crafting Hypnotic Spells," the third volume of the Rogue Hypnotist's series. The 1-to-10 method is particularly suited to subjects who have entered deep states, as it provides more time for gradual reorientation and layers in positive posthypnotic suggestions at each count interval.

The Short Count (1-to-3)

For light trance states, demonstrations, or stage hypnosis, a rapid 1-to-3 exduction is common and effective:
"I am now going to count from 1 to 3. On 3 you'll be fully wide awake, back to full waking consciousness, feeling fantastic!
1 More aware of your body and the room around you.
2 All unnecessary relaxation leaving the body, feeling wide awake and totally reenergised!
And you can open your eyes, feeling great! On 3!"
The 1-to-3 count is particularly effective in stage hypnosis, where performers often use the command "open your eyes" at count 3 as a natural part of the audience's applause. Anthony Jacquin notes he often looks at the audience and says: "In a moment, when you wake up to a huge round of applause from your friends..." as a way of cueing the awakening while making it part of the show.

3. The CountDown-to-1-to-3 Hybrid: Rising Energy

A particularly elegant approach is to count downward during deepening, then upward during awakening, creating a continuous numerical arc:

"And as I count down, you go two times deeper: 10, 9, 8 down to 1, profoundly absorbed and now on the count of 1, complete unconscious surrender.

And now I'm going to count from 1 to 3, and at 3 you will come up, wide awake, refreshed, feeling fantastic.

1 Waking up mentally.

2 Waking up physically. Body energised, mind clear.

3 Eyes open!"

The transition from downward to upward counting is subtle. At count 1 (the bottom of the descent), the voice pauses briefly, then begins rising in energy. This creates a satisfying sense of journey down into trance, then back up and helps the subject track their movement through the state.

4. Fractionation and the Final Wake-Up

Fractionation bringing the subject partially out of trance and then back in is one of the most powerful deepening techniques (covered in Chapter 6). But it also affects exduction: the final awakening, after multiple cycles of fractionation, often requires a slightly longer or more deliberate exduction than usual.

The fractionation wake-up typically goes like this:

"In a moment, I'm going to snap my fingers and your eyes will open, and you'll feel instantly awake and alert, but you'll retain half of the unconscious benefit. You'll know that you've been hypnotised but you can't quite remember what we talked about. And I'll snap my fingers again and you'll go back into deep hypnotic trance, twice as deeply as you were.

[Subject re-enters trance for additional suggestions.]

And now at last, when I count from 1 to 5, you will be fully awake, fully alert, fully refreshed, taking all the benefits of this session with you, and your eyes will open feeling fantastic."

In stage hypnosis, Anthony Jacquin describes several approaches to the wake-up after performances:

"You can do the wake-up when you set them up pre-show, saying when that's done, everything will be back to normal. You can do the wake-up as a posthypnotic suggestion, because they're not back asleep when they're carrying out the posthypnotic act. Although in my opinion, they are very much in the same hypnotic place where they were before, but you can also take them to one side and do this. Sometimes I will simply do it off-mic. I'll just take someone aside and say, 'Look, I want to show you something,' put them back in, tell them we're going to do a proper wake-up that will make them feel really good, and I'll do it that way. I'll literally just hide it and do it somewhere else."

5. Post-Awakening Suggestions and PostHypnotic Sealing

Before the subject fully emerges, it is wise to **seal the changes** made during trance. This involves posthypnotic suggestions that ensure the therapeutic or demonstrative work endures after waking. Key elements to include in the final moments of the count-up:

- **Persistence of effect:** "All that you have experienced today remains with you, growing stronger every day."
- **Amnesia (optional):** "You may find that you can forget to remember what you can remember to forget" or simply, "You won't be able to recall the exact words I used, but you'll remember how you felt."
- **Natural integration:** "You'll notice changes in yourself naturally, gradually, without effort."
- **Future pacing:** "Tomorrow, when you wake up, you'll feel this is completely normal, as if it has always been that way."

Anthony Jacquin emphasizes that therapeutic wake-ups should include "procedural instructions" practical guidance about what to eat, drink, or avoid in the hour or two following the session. This grounds the experience and helps the subject integrate the change into their daily life. Dr. Milton Erickson used non-count awakening paired with immediate conversation about a pre-hypnosis thread (weather, a hobby, etc.). Because the subject was unaware of what happened in between the pretalk and the post-awakening conversation, the change work was protected from conscious analysis:

"1. In your pretalk start a conversation thread with a client say, 'The weather,' 'A hobby,' *etc.* 2. Induce trance, do change work, etc., and wake the person up. 3. On awakening, start talking to the person about the thread you opened pre-hypnosis. The person forgets what happened in between! Amazing. This protects the change work from conscious analysis."

This Ericksonian technique creates a kind of **functional amnesia** for the hypnotic experience itself while preserving the effects, making it ideal for clients who are skeptical or analytical.

6. Handling Edge Cases in Exduction

Subjects Who "Don't Want to Wake Up"

Sometimes a subject, particularly a first-timer who has experienced a profoundly relaxing state, will say: "I don't want to wake up yet, it feels so nice." The hypnotist should smile gently and say:

"We're finished now. Time to go. Everything we needed is done."

If the subject lingers, a firm but warm:

"Wakey, wakey! Rise and shine!"

works universally, says the Rogue Hypnotist, and "is the sort of thing mums say to their children."

The Subject Who Doesn't Respond to the Count

In rare cases, particularly with deeply somnambulistic subjects or those who have been hypnotized many times previously, the numerical count-up may not be sufficient. In such cases, a direct command delivered with conviction can wake the subject:

"Awake! Completely awake, fully energised, eyes open!"

Or the hypnotist can use the **posthypnotic trigger** set up during the session:

"As soon as you hear me say 'alert,' you will feel fully awake."

Immediate Re-Hypnotisation in Stage Settings

In stage hypnosis, subjects are often awakened from one trance and immediately put back into another for additional demonstrations. The procedure is:

"When you wake up to a huge round of applause you won't remember a thing I said. And when I snap my fingers, you'll go back into trance, deeper than you were, and you won't remember anything until you wake up."

This is both a practical and theatrical technique: the audience sees a clean sequence of events with no visible "middle" trance.

7. The Physical Wake-Up: Eyes Opening

The command to open the eyes is typically embedded within the final count. The hypnotist does not shout "OPEN YOUR EYES!" rather, the command is gently woven into the rising-energy language:

"And when you feel yourself fully restored, fully energised, fully alert you can open your eyes. Now."

For stage hypnosis, which demands dramatic closure, the command may be more direct:

"Eyes open now!"

delivered simultaneously with a sharp finger snap and a broad smile directed at the audience.

Anthony Jacquin also describes an indirect Ericksonian wake-up:

"You can wake up all over," a phrase carrying delightful ambiguity. The subject has no choice but to fully awaken, but the phrasing makes it feel natural, inevitable, almost playful.

8. The Four-Minute Window: Recovery and Resuggestibility

A critical but often overlooked principle is that **approximately four to five minutes after awakening, the subject remains mildly suggestible**. During this window, the subject is reorienting to their physical environment and may feel slightly groggy or "spacey." This is entirely normal and expected.

During this post-exduction window, the hypnotist can:

- Ask: "Feel good?" and if the subject says "I feel a bit spacey" or "a bit dreamy," respond confidently: "Yeah, that'll pass in a few seconds."
- Give a final reinforcing suggestion: "You're going to feel fantastic in just a moment."
- Begin a conversation to distract the conscious mind from the trance experience.
- Ask the subject what they experienced (if appropriate).

The Rogue Hypnotist warns:

"Remember they still are suggestible, so you can say things like: 'Feel good after that?' 'Was that a nice/interesting experience?' Some want to discuss what happened and some don't. Make sure they leave a happy bunny."

This four-minute window is also when posthypnotic suggestions begin to take root in the waking mind. The subject may start noticing physical changes a weight loss they didn't previously feel, a reduced urge to smoke, a sense of calm that wasn't there before. These emergent realisations are a sign the session was successful.

9. Exduction for Different Types of Trance

Light Trance / Waking Hypnosis

For street hypnosis, impromptu demonstrations, and conversational hypnosis, the subject may be in a very light trance. Exduction can be nearly instantaneous:

"And at any point, whenever I snap my fingers, you'll be able to come right back. But for now sleep. [After demonstration.] And on 3, eyes open, completely refreshed. 1, 2, 3 eyes open!"

The key principle here is speed and crispness. Light-trance subjects do not need a long, drawn-out awakening a rapid count and a clear command to open the eyes is sufficient.

Medium Trance / Therapeutic Hypnosis

Medium trance, the most common depth in therapeutic work, calls for a standard 1-to-5 count-up, as described above. The voice should shift gradually from the hypnotic register to normal speaking register, and the subject should be fully alert within 30 to 40 seconds. Most therapeutic sessions last 45 to 90 minutes, and the wake-up should occupy approximately 60 to 90 seconds.

Deep Trance / Somnambulism

Deep trance or somnambulism demands the most attention during exduction. A subject in deep theta-state hypnosis may require:

- A **1-to-10 count-up** with layered therapeutic reinforcement.
- A **fractionation pause** brief rest in light trance before counting.
- **Delayed awakening** "In a moment, on the count of 10, your eyes will open and you will feel completely restored."
- A **posthypnotic re-induction command** so the subject knows they can return: "At any point in the future, whenever I say the word 'relax,' you will be able to slip into this peaceful state within 60 seconds on my next count."

As the Rogue Hypnotist states: "You can't leave people in fugue states. Everyone wakes up you can't stay in hypnosis."

Stage Hypnosis / Group Wake-Up

In stage hypnosis, where dozens of subjects have been placed in deep trance simultaneously, exduction is the climax of the show. The technique varies:

"And now I'm going to count from 1 to 5, and on 5 every one of you opens your eyes, feels fantastic, remembers everything you did on stage tonight, and gives your hypnotist a huge round of applause!

1 Feeling the energy return. 2 Ready to wake up. 3 Energised, alert, wide awake. 4 Eyes almost open. 5, on 5 eyes open!"

The simultaneous group wake-up requires volume and conviction. The hypnotist projects to the back of the room. And the applause that often follows serves the dual purpose of celebration and natural reorienting the noise and movement of the audience help the subjects fully return to their surroundings.

10. The PostHypnotic Re-Induction Command: The Final Layer

Before the subject emerges, it is standard practice in therapeutic hypnosis to give a **posthypnotic re-induction command** — a trigger that will allow the subject to return to the hypnotic state at will in the future. This is particularly valuable for self-hypnosis practice.

"And from this moment on, whenever I say 'deep sleep' (or whenever you press your thumb and index finger together, or whenever you take three deep breaths), you will be able to enter a state of deep relaxation and deep focus within 60 seconds, and you will enjoy being there."

In street hypnosis, the re-induction command is often simpler:

"Whenever I say 'close,' your eyes close. Whenever I say 'open,' your eyes open."

Each time the subject complies, they demonstrate "hypnotic compliance" the unconscious acceptance of the hypnotist's authority.

11. Summary of Exduction Methods

Method

1-to-3 count-up
1-to-5 count-up
1-to-10 count-up
Non-count awakening
Fractionation wake-up
Stage group wake-up

12. Common Mistakes in Exduction

Snapping Fingers Abruptly

The stereotypical hypnotist snapping fingers like a magician is often jarring. Unless the subject is in light trance or on stage, a finger snap followed by "open your eyes" can startle. The Rogue Hypnotist notes: "Don't clap your hands like a cheap magician as they awaken or you may very well startle them. I have done it: people look at you like they're thinking 'What did you do that for, idiot!'"

Waking Too Quickly from Deep Trance

Yanking a subject from deep theta-state hypnosis with only a count of "1, 2, 3 wake up" is like pulling a diver from the bottom of the ocean without decompression. The subject may experience headache, nausea, or disorientation. A gradual 1-to-10 count-up prevents this.

Not Addressing Residual Relaxation

Leaving relaxation in the muscles without guiding it to dissipate can leave the subject feeling physically weighed down. The command "all unnecessary relaxation leaving your body" at count 2 or 3 resolves this.

Using the Same Voice as at the Start of Trance

If the hypnotist ends with the same slow, low, resonant voice that began the session, the subject's mind receives conflicting signals. The voice *must* rise in tempo, pitch, and energy. The Rogue Hypnotist's rule: "Your 'waking up voice' should be quicker, higher pitched (not squeaky or shrill think 'lighter') and more energised."

Forgetting Post-Awakening Conversation

The four-minute post-exduction window is often wasted in silence. The hypnotist should use this time to reinforce, reorient, and bond. A simple, warm, "How do you feel?" during this window sets the tone for the subject's lasting impression of the session.

13. Erickson's Legacy in Exduction

Milton Erickson's contribution to awakening techniques was profound and understated. Rather than relying on formulaic count-ups, Erickson treated exduction as another opportunity for individualized, indirect suggestion. Three of his techniques stand out:

The "Wake Up All Over" Method

Instead of a numerical progression, Erickson simply said: "Now you can wake up all over." The ambiguity and directness of the phrase allowed the subject's unconscious to orchestrate the full re-emergence without conscious interference.

The Conversational Re-Entry

Erickson would begin talking about a pre-established topic (weather, the subject's profession, a garden) the moment the subject's eyes opened. The subject, having no memory of the hypnosis, would engage naturally in conversation while their unconscious absorbed the change work.

The Self-Regulating Awakening

Erickson often told his clients: "You can come back to full awareness any time during this session if you wish. And when you are ready naturally ready, when your unconscious knows you are ready you may open your eyes and feel completely restored." This allowed the subject's own internal timing to determine the moment of awakening.

14. The Hypnotic Seal: Closing the Gate

Just as the Roman deity Janus looked both ways to the past and to the future so the hypnotist at wake-up looks both backward (to the trance experience) and forward (to the waking life). The "hypnotic seal" is the final act of sealing all the suggestion, all the work, all the change and closing the gate behind the subject as they emerge.

"And everything that happened today, everything that you learned, everything that shifted and changed stays with you. It grows stronger, more integrated, more natural, every single day. It is yours. It is permanent. And as you open your eyes, you carry it with you, completely, fully, beautifully."

This is the closing note, the final word, the last suggestion. Then "Eyes open. Now."

Summary

Exduction is not an afterthought. It is as much a skill as induction, as much an art as deepening. Every subject deserves a wake-up that is gentle, structured, and purposeful a wake-up that leaves them feeling not just "back to normal" but *better* than normal. Whether you use a 1-to-3 crisp count for a street demonstration, a 1-to-5 therapeutic count for a standard session, or a 1-to-10 layered awakening after deep somnambulism the principles remain the same: raise the energy, shift the voice, reinforce the change, seal the session, and ensure the subject returns not only alert but transformed.

The hypnotist who masters exduction does not merely hypnotise and release. The hypnotist guides a complete journey down, through, and up and lands the subject safely, joyfully, and confidently onto new ground.

Chapter 9: Types of Hypnosis

Hypnosis is not a single technique or a uniform condition. It is a family of phenomena a spectrum of states, methods, and applications that share a common mechanism (focused attention, relaxed critical faculty, heightened suggestibility) but express themselves in strikingly different ways. Understanding the types of hypnosis is essential because each type operates under different rules, suits different people, and achieves different purposes. What works brilliantly in one type may be entirely inappropriate in another. A stage hypnotist's methods differ enormously from a clinical hypnotherapist's. A self-hypnosis protocol differs from a street hypnosis demonstration. Yet all are hypnosis.

Dr. James Braid, the Scottish surgeon who coined the term "hypnosis" in the 1840s, originally distinguished between "orthodox hypnotism" (induced by eye fixation) and "hypnotism by suggestion" (induced by verbal commands alone). By the end of his career, he recognized that it was suggestion, not fixation, that produced the hypnotic state. This distinction between induced trance and natural hypnosis remains foundational to this chapter.

The fundamental classification divides hypnosis into **self-hypnosis** (autosuggestion) and **hetero-hypnosis** (hypnosis administered by another person). Within these two broad categories exist numerous specific types, each with its own approach, methodology, and application.

1. Traditional Suggestion Hypnosis

The oldest and most widely recognized type of hypnosis is **traditional suggestion hypnosis**, also known as **suggestion hypnosis** or the **authoritarian approach**. This is the type most people imagine when they hear the word "hypnosis."

Traditional suggestion hypnosis relies on direct, authoritative commands delivered with clear conviction. The hypnotist takes a directive role, telling the subject precisely what to do, how to feel, and when to respond. The language is straightforward and imperatival: "Your arm is rising," "Your eyes are closing," "You feel deeply relaxed." There is no ambiguity the hypnotist's voice is the authority.

Methodology

The subject is positioned, usually seated comfortably. The hypnotist establishes rapport briefly, then proceeds to induction commonly eye fixation, progressive relaxation, or a countdown from ten to one. The induction is followed by direct suggestions for the desired outcome, whether relaxation, pain relief, confidence, or a hypnotic phenomenon. The subject is told explicitly what to expect. The hypnotist controls the pace, the depth, and the duration.

An example of a traditional suggestion induction from the Basic Hypnosis Training Manual:

"As I count from ten down to one, each number will take you twice as deep into hypnotism. Ten starting to relax. Nine deeper and deeper. Eight letting go. Seven sinking deeper. Six almost there. Five deeply hypnotized. Four deeper still. Three very deeply. Two almost all the way. One sound asleep."

This authoritarian approach was dominant from the time of Mesmer through the early twentieth century. Mesmer himself used direct magnetic passes with the command that his subjects would experience a "crisis" convulsions, tears, emotional release. The Marquis de Puysegur refined this into a somnambulistic command state. James Braid's fixed-gaze induction ended with direct vocal suggestions: "Your eyes grow heavy... you cannot keep them open... you are hypnotized." Ambroise-Auguste Liebeault and Hippolyte Bernheim of the Nancy School continued the tradition of direct, authoritative suggestion, applying it to thousands of clinical patients.

Strengths

Traditional suggestion hypnosis is powerful because it is simple and direct. It does not require the subject to interpret metaphors, guess intentions, or engage complex imagination. For subjects who prefer clear instruction, who are comfortable with authority, or who want rapid results, it is often the most effective approach. It works exceptionally well in stage hypnosis, where hundreds of subjects need to receive the same suggestions simultaneously. It is also effective for physical phenomena pain control,

muscle control, temperature changes because the commands directly address the body.

Limitations

Not everyone responds well to authoritarian commands. Analytical or skeptical subjects may resist being "told what to do." The approach can feel artificial or childish when used therapeutically with adults. And it requires the hypnotist to maintain a confident, authoritative presence if the hypnotist's voice wavers, the suggestion loses power.

2. Ericksonian (Indirect) Hypnosis

Ericksonian hypnosis, named after Dr. Milton H. Erickson (19011980), represents the most revolutionary shift in the history of hypnosis. Whereas traditional suggestion hypnosis tells the subject what to do, Ericksonian hypnosis invites the subject to discover what to do for themselves. Erickson's method is **indirect, permissive, and utilization-based**. He did not command subjects to relax; he suggested that they *could* relax if they wished to. He did not tell them to close their eyes; he said their eyes *might* feel like closing whenever their unconscious mind was ready. His language was vague, metaphorical, layered, and designed to engage the unconscious directly while bypassing the conscious critical faculty.

Milton Model Language Patterns

Dr. Erickson, with his colleague Ernest Rossi, developed what became known as the **Milton Model** a set of language patterns reverse-engineered from Erickson's therapeutic speech. These patterns include:

- **Mind Reading**: "You're wondering if this will work for you." (Presumes a mental process without specifying it.)
- **Lost Performative**: "It's valuable to let go." (Suggests a value judgment without specifying who judges.)
- **Cause and Effect**: "As you listen to my voice, you can go deeper." (Links two unrelated events causally.)
- **Complex Equivalent**: "When you notice your breathing slow, you're entering trance." (Equates one phenomenon with another.)
- **Universal Qualifiers**: "Everyone goes into trance sooner or later." (Applies to all, difficult to disprove.)
- **Modal Operators of Necessity/Possibility**: "You can relax now" or "You have to relax." (Frames behaviour as optional or necessary.)
- **Nominalizations**: "Hypnosis" (turns a process into a thing, allowing the unconscious to define it individually).
- **Unspecified Verbs**: "You're being helped." (No one specified as doing the helping.)
- **Tag Questions**: "It's working, isn't it?" (Suggests agreement.)
- **Lack of Referential Index**: "You're being hypnotized." (No one specifying the hypnosis.)
- **Comparative Deletion**: "You're getting deeper." (Deeper than what?)
- **Pacing Current Experience**: "You're sitting there, breathing, listening." (States verifiable facts.)
- **Double Binds**: "Would you like to go into trance now or after I count to three?" (Two choices, both lead to trance.)
- **Conversational Postulate**: "Could you tell me when you're hypnotized?" (A question that functions as a suggestion.)

- **Embedded Commands**: "You can now let go of all tension." (A command hidden within a longer sentence.)

George Hutton's *Covert Hypnosis* presents these Milton Model patterns systematically, showing how each one creates a small ambiguity that the unconscious mind resolves automatically and in doing so, enters trance.

"You may find that as you sit here, wondering what will shift and change first, you could just draw your attention to your breathing... or notice a pleasant sensation inside... Perhaps in that hand... Perhaps in that foot... Maybe in a big toe... And you know which toe, because you know your toes, you know?"

This excerpt uses vagueness, process language, pacing, embedded suggestions, and circular logic all hallmarks of Ericksonian style. The subject needs no direction on what to do; the unconscious supplies its own answer.

Utilization

A core principle of Ericksonian hypnosis is **utilization** the acceptance and use of whatever the subject brings into the session. If the subject is restless, Erickson would suggest that each fidget takes them deeper. If they cough, he would suggest that the cough clears their lungs and deepens their relaxation. If they are skeptical, he would suggest that their skepticism is a valuable tool that will help them find the deepest part of hypnosis. Nothing is an obstacle; everything is material.

Erickson once treated a doctor who insisted on beating time with his foot and hand while in session. Rather than stop the behaviour, Erickson suggested the foot-beating was a metronome counting each descent into trance, and the hand movements were lowering the subject deeper with every beat. The subject's own resistance became the induction.

Indirect Induction Examples

Erickson's handshake induction is perhaps his most famous direct technique, though it remains profoundly indirect in practice:

The hypnotist initiates a normal handshake, then gently takes hold of the subject's wrist with the other hand, showing the palm of their hand. This creates a moment of confusion the subconscious encounters an unexpected input and a brief gap opens in the critical faculty. Into that gap, the hypnotist delivers a suggestion: "Just relax and listen to my voice... your hand is getting heavier... getting drowsy..."

In conversation, Erickson would often hypnotize without ever mentioning hypnosis. He would tell stories, ask questions, pace and lead, use silence, and create what Rossi called "microdynamics of trance induction" momentary shifts in attention that, in sequence, built a complete hypnotic state.

Strengths

Ericksonian hypnosis works with nearly every type of subject, especially skeptical, analytical, or verbal clients who resist authoritarian methods. It is

gentle, respectful, and collaborative. It preserves the subject's sense of agency the subject always feels they chose to respond. It is richly flexible, adapting to the subject's language, beliefs, and culture.

Limitations

Ericksonian hypnosis requires mastery. It cannot be read from a script. The hypnotist must think quickly, listen carefully, and craft language on the fly. Sessions tend to be longer than authoritarian approaches. And because the work is subtle, new hypnotists sometimes wonder if anything is happening at all.

3. Waking Hypnosis

Waking hypnosis, also known as **alert hypnosis** or **eyes-open hypnosis**, is the practice of inducing hypnotic phenomena and suggestions while the subject's eyes are open and environmental awareness is fully maintained. The subject is not in a sleep-like state; they are fully awake, seeing and hearing their surroundings, yet responsive to suggestion.

Waking hypnosis operates on the principle that hypnosis is not sleep. The subject in waking hypnosis is in a state of **narrowed, focused attention** the same mechanism that governs ordinary hypnosis, but expressed while conscious sensory input is present.

Applications of Waking Hypnosis

Waking hypnosis is used in many settings:

- **Clinical / Therapeutic**: A person enters a brief focused state while reading a book, listening to music, or sitting in a classroom. Concentration deepens, peripheral distraction fades, and suggestions take hold. This is sometimes called "daytime trance" or "absorption."
- **Educational**: Students focused intensely on a task enter mild hypnosis time distorts, distractions fade, learning accelerates.
- **Sports**: Athletes in a zone state exhibit waking hypnosis. Focus is absolute. The body performs learned skills automatically. External noise is filtered out.
- **Medical / Dental**: Local anesthesia combined with hypnotic suggestion allows procedures to be performed with minimal anxiety. The patient watches the dentist's hand, hears the drill, yet feels no pain.
- **Stage**: Ormond McGill's *The New Encyclopedia of Stage Hypnotism* describes numerous waking hypnotism routines: arm stiffening, mouth fastening, name amnesia, stuttering test, handshaking test all performed with eyes open.
- **Street**: Anthony Jacquin's *Reality is Plastic* is essentially a manual for waking hypnosis performed in everyday settings shops, bars, streets, restaurants. The subject walks, talks, drinks, and responds to suggestions without closing their eyes.

Examples from Stage Hypnotism

Ormond McGill describes Harry Aron's Arms-Rising-and-Falling Test:

The subject sits with eyes open. The hypnotist suggests the subject's arms will rise when he snaps his fingers and fall when he says "down." The subject watches the arms respond, fully awake, fully aware. The test demonstrates that hypnosis is not sleep the eyes are open, the subject is conversant with their surroundings, and yet the body responds involuntarily.

The *New Encyclopedia* also describes De Waldoza's Show of Waking Hypnosis, a routine in which subjects remain fully alert while experiencing arm catalepsy, leg stiffening, mouth-fastening (the subject cannot close their mouth on command), name amnesia, stuttering, and various posthypnotic suggestions all while their eyes are open and they observe the hypnotist and audience.

Theoretical Foundations

Walter Sichort developed one of the earliest systematic approaches to waking hypnosis, distinguishing it from somnambulistic (sleep-like) hypnosis as a separate phenomenological category. Myron Teitelbaum's *Hypnosis Induction Technics* includes a chapter titled "Waking State of Hypnosis" that describes direct suggestion, placebo, and rubbing technics for alert subjects. Teitelbaum notes that the waking state produces distinct physiological signs changes in pupillary response, respiration rate, and galvanic skin response that differentiate it from sleep-like trance despite identical suggestibility.

The Rogue Hypnotist states plainly:

About 98% of the general public exists in a waking trance state of varying degrees. So don't worry about whether you can hypnotise clients: most are already halfway there.

Watching television is waking hypnosis. Driving on autopilot is waking hypnosis. Reading a book and losing track of time is waking hypnosis. Waking hypnosis is not a special achievement it is ordinary hypnosis with the eyes open.

Strengths

Waking hypnosis removes the biggest misconception about hypnosis that the subject must sleep, close their eyes, or look "out of it." It is ideal for subjects who fear losing control. It works in any environment. It can be repeated throughout the day without any observable change in the subject's appearance.

Limitations

Waking hypnosis is often shallower than somnambulistic hypnosis for most subjects. Deep phenomena hallucinations, amnesia, age regression, analgesia are more reliably produced in deeper sleep-like trance. The subject's environmental awareness can also be a distraction, as outside events continually re-engage the critical faculty.

4. Spontaneous Hypnosis

Spontaneous hypnosis (also called **clinical spontaneous hypnosis** or **naturally occurring trance**) is hypnosis that arises without any formal induction. The subject enters trance due to an event, situation, emotion, or environmental condition not because a hypnotist requested it.
Spontaneous hypnosis is, by definition, every kind of hypnosis that happens outside the consulting room or stage. It is the most abundant form of hypnosis in human experience.

Examples of Spontaneous Hypnosis

- A soldier in battle enters a state of heightened focus, peripheral vision narrowing, pain dulled, reactions automatic. This is spontaneous hypnosis: the critical faculty bypassed by adrenaline and necessity.
- A person at a funeral enters a dreamlike state, time distorting, sounds muffled, world feeling "unreal." The emotional intensity triggers trance.
- A child absorbed in building with blocks loses awareness of hunger, time, and anyone calling. This is spontaneous self-hypnosis: intense absorption in a single task.
- A person in a car accident experiences depersonalization watching events unfold as if from outside their body. The mind's protective response creates spontaneous dissociative hypnosis.
- A woman in labour enters a trance state naturally, breathing rhythmically, eyes closed or distant, pain modulated by endorphins and focused intention. Midwives have documented this phenomenon for millennia.

George Estabrooks and Clinical Spontaneous Hypnosis

Dr. George Estabrooks, in his 1943 book *Hypnotism*, devoted extensive attention to spontaneous hypnotism. He documented cases of soldiers in combat, athletes in "the zone," people at funerals, individuals in deep religious worship, and patients in medical settings all entering trance without induction. Estabrooks estimated that approximately one in ten people spontaneously exhibits high hypnotic responsiveness at any given emotional intensity, and that everyone is capable of spontaneous hypnosis when sufficiently absorbed.
Estabrooks demonstrated that when subjects in deep spontaneous trance were told "this is a red light," they would stop at a street crossing even though the light was green. When told "this is a green light," they would proceed regardless of the actual signal. The environmental context (traffic lights) combined with internal suggestion (the hypnotist's command) produced automatic behaviour without formal induction.

Triggers for Spontaneous Hypnosis

The most common triggers include:

- **Intense emotion**: grief, joy, fear, love, shock
- **Physical stress**: exhaustion, pain, labour, combat
- **Sensory absorption**: music, dancing, chanting, repetitive motion
- **Social context**: religious ritual, group ceremonies, audience shows
- **Biological states**: fever, sleep deprivation, hunger (the "hangry" state)

The Rogue Hypnotist identifies "Emoto-nosis" as a specific type of spontaneous hypnosis caused by intense emotion:
"When someone is emotionally overwhelmed laughing uncontrollably, crying inconsolably, stunned by shock their critical faculty is suspended. Whatever comes next will be absorbed uncritically. That moment is hypnosis."

Strengths

Spontaneous hypnosis requires no equipment, no training, no preparation. It happens everywhere, all the time. The hypnotist's skill lies in recognizing when it is occurring and delivering suggestions at the opportune moment a technique Estabrooks called "waking hypnosis weapon."

Limitations

Spontaneous hypnosis is unpredictable and transient. The subject may not be aware they are hypnotized. It may last seconds or hours. Without intervention (a formal induction or a timely suggestion), the trance dissolves when the triggering event ends.

5. Covert Hypnosis

Covert hypnosis is hypnosis where the subject does not know they are being hypnotized. The induction, suggestions, and effects are delivered implicitly within conversation, written text, environmental design, or behaviour without the subject's conscious awareness.

Covert hypnosis is sometimes called **confidential hypnosis**, **hidden hypnosis**, **stealth hypnosis**, or **conversational hypnosis**. George Hutton's *Covert Hypnosis* defines it as "easily sneaking your ideas into their minds."

Covert Hypnosis in Everyday Life

Covert hypnosis is everywhere:

- A politician says "We will rebuild," and the audience hears "We will rebuild *what you want rebuilt*." The subconscious fills the object of the rebuild with individual preference.
- An advertisement shows an attractive person drinking a soda, and the viewer's unconscious links refreshment, joy, and attractiveness to the product.
- A teacher moves closer to a distracted student, places a hand on their desk, and says softly, "You're doing really well," and the student's critical resistance drops, accepting the suggestion.
- A salesperson says, "When you decide this is right for you, we can start tomorrow," embedding the assumption that the decision will be affirmative.

George Hutton on Covert Patterns

Hutton's *Covert Hypnosis* identifies thirty-plus Milton Model patterns, each a vehicle for covert suggestion:

- **Mind Reading**: "You're probably wondering if this makes sense." (Presumes the process of wondering.)
- **Compound Suggestions**: "As you relax and feel good." (Two suggestions joined together; the unconscious processes them as a single unit.)
- **Embedded Commands**: "You might want to *go into trance right now*." (The command is nested inside a permissive statement.)
- **Negative Questions**: "Don't you find that once you start to relax, it's hard to stop?" (The answer is presupposed: yes, you do find this.)
- **Contrary to Expectation**: "You might be surprised to discover how quickly you go under, when most people think it takes a long time." (The unexpected element captures attention; the embedded suggestion is speed of induction.)

Covert Hypnosis in Advertising

The Rogue Hypost in *Powerful Hypnosis* describes how advertising "brainwashes" through entrancing promises:

"Coca-Cola doesn't sell cola. It sells happiness, friendship, summer, youth. Every time you see the red can, your unconscious retrieves the emotional package associated with it. That is covert hypnotism."

Strengths

Covert hypnosis bypasses resistance entirely because the subject never knows hypnosis is happening. It can be repeated thousands of times (ads, slogans, jingles) and the effect compounds. It works on groups, not just individuals.

Limitations

Covert effects are typically subtle and cumulative rather than dramatic and immediate. They take time to build. And because the subject is unaware, they cannot choose to opt in or opt out which some critics view as manipulative.

6. Impromptu (Rapid) Hypnosis

Impromptu hypnosis is hypnosis induced without pre-arrangement, in any setting, often within seconds or minutes. "The Hypnotist" Anthony Jacquin's *Reality is Plastic: The Art of Impromptu Hypnosis* is the definitive text on this type.

Impromptu hypnosis is sometimes called **rapid hypnosis**, **instant induction**, **walk-up hypnosis**, or **on-the-spot hypnosis**. Doug O'Connor's *Rapid Street Hypnosis* and Douglas I. Lewis's work expand on the same principles.

The core principle: hypnosis can happen anywhere, at any time, with anyone. No table, no chair, no whale music required.

The Jacquin Power Induction

Jacquin describes a rapid induction developed by his father, Freddie Jacquin:

1. The subject's hand rests on a surface. The hypnotist says: "In a moment, I'm going to pick up your hand."
2. The hypnotist demonstrates on himself: lifting his own hand with a clear gesture.
3. The hypnotist lifts the subject's hand firmly but smoothly.
4. As the hand rises, the hypnotist says: "Allow your eyes to close now..."
5. The eyes close. The induction is complete. Seconds elapsed.

The physical action (lifting the hand) is combined with verbal suggestion (eyes closing). The subject's conscious mind is occupied with following the physical cue; the unconscious receives the hypnotic command without analysis.

The Handshake Induction

Originally developed by Milton Erickson and popularized through Richard Bandler's version:

1. Offer your right hand for a handshake.
2. During the handshake, take hold of the subject's wrist with your other hand.
3. Show the subject the palm of their hand creating a "double take" moment of confusion.
4. In that moment of confusion, deliver a quick suggestion: "Relax... your hand is getting heavy... your eyes want to close..."
5. The subject's eyes close within seconds.

The handshake is natural, familiar, and non-threatening. The wrist grab + palm display interrupts the expected pattern. The brain's brief confusion creates an opening for direct suggestion.

The Instant Induction

Jacquin's Instant Induction takes less than three seconds:

1. The hypnotist stands in front of the subject, palm open, fingers spread.
2. "Look at my fingers."
3. The subject's eyes lock onto the fingers.
4. "Close your eyes!" the command comes as the hypnotist's hand sweeps downward.
5. The subject's eyes close. Sleep.

The speed is the key the conscious mind does not have time to resist. The subject experiences: "One moment I was looking, the next moment my eyes were closed." The gap between those moments is hypnosis.

Street Hypnosis

Street hypnosis, as practised by Anthony Jacquin, Igor Ledochowski, Theron Brown, and others, is impromptu hypnosis performed on complete strangers in public spaces. It can involve:

- Making a stranger's fingers magnetically stick together in a coffee shop
- Inducing a shopkeeper into trance while handing over change
- Getting a passerby to forget their name on a busy sidewalk
- Making a group of people laugh uncontrollably on command
- Stealing a suit from a clothing store by telling the shop assistant they are giving it as a gift

The success rate on the street is surprisingly high Jacquin estimates 7080% responsiveness when the approach is correct. This is higher than the traditional 1020% figure for stage hypnosis, partly because street hypnosis involves **self-selection**: people who stop, engage, and follow instructions are already predisposed to respond.

Igor Ledochowski's *Conversational Hypnosis Revealed* adds the layer of sophisticated linguistic patterning to street and impromptu work, showing how Ericksonian patterns can be woven into casual conversation to induce trance before the subject is aware.

Strengths

Impromptu hypnosis is dramatic, flexible, and highly practical. It demonstrates hypnosis's true nature: it is not a special room or a special chair, but a mechanism of attention that operates wherever attention goes. It builds confidence in the hypnotist and fascination in the subject.

Limitations

Impromptu hypnosis requires thick skin. Rejection is common when approaching strangers. The environment is uncontrolled noise, interruptions, weather. Deep phenomena are harder to elicit in public; most demonstrations stay at light-to-medium trance levels. And if something goes wrong (a subject falls, faints, or laughs too hard), the hypnotist must recover gracefully before an audience.

7. Hypnotherapy (Therapeutic Hypnosis)

Hypnotherapy is the clinical application of hypnosis for therapeutic purposes. It is the most established and recognized form of hypnosis, officially endorsed by the American Medical Association (since 1958), the British House of Commons (1955), and numerous medical bodies worldwide. Hypnotherapy uses hypnosis to treat physical, psychological, and emotional conditions: pain management, anxiety, phobias, addictions, insomnia, gastrointestinal disorders, habit control, trauma, performance issues, and more.

The Hypnotherapeutic Session

A typical hypnotherapy session follows this structure:

1. **Intake**: The therapist gathers information about the client's history, condition, goals, and beliefs about hypnosis.
2. **Pretalk**: The therapist explains what hypnosis is and is not, addresses fears, and sets expectations.

"You will not fall asleep. You will not lose control. You will not say anything embarrassing. You will be aware of my voice at all times, and you can hear other sounds in the room if you wish."

3. **Induction**: The therapist guides the client into trance using a method appropriate to the client's needs and preferences.
4. **Deepening**: The therapist deepens the trance through countdowns, imagery, fractionation, or other techniques.
5. **Therapeutic Work**: Suggestions, metaphors, imagery, parts work, regression, or other interventions are delivered.
6. **Posthypnotic Suggestions**: Future-oriented suggestions ensure that therapeutic changes continue after the session.
7. **Re-induction Command**: The client is given a self-hypnosis trigger for future self-practice.
8. **Exduction**: The client is awakened or returned to full waking awareness.
9. **Debrief**: The therapist discusses the experience and assigns homework (self-hypnosis, behavioural tasks).

Types of Hypnotherapeutic Approaches

Several distinct approaches exist within hypnotherapy:

- **Solution-Focused Brief Hypnotherapy**: The approach used by Anthony Jacquin, focusing on the future rather than the past. The problem is acknowledged briefly; the solution is installed in trance. Sessions last 3060 minutes. One or two sessions suffices for many conditions.
- **Ericksonian Hypnotherapy**: Uses indirect language, metaphors, utilization, and permissive suggestion. The therapist follows the client's lead, embedding suggestions in stories and conversation.

- **Regression Therapy**: The client is regressed to a past event (often childhood) where the root cause of a condition is identified and re-experienced in trance, then reframed and released.
- **Age Progression**: The client is taken into the future to experience themselves having already achieved the desired outcome, locking in the change through vivid imagery.
- **Parts Therapy (Six-Step Reframe)**: Different "parts" of the client's psyche are identified through ideomotor signals and negotiated with. A conflicting part (e.g., the part that smokes) is understood, its positive intention acknowledged, and its behaviour reprogrammed.
- **Hypno-Analgesia**: The use of hypnosis for pain relief, widely used in dentistry, surgery, burns treatment, and chronic pain management. Erickson produced analgesia through arm catalepsy, fractional induction, and finger-to-nose guidance ("your finger knows which part hurts").
- **Cognitive-Behavioural Hypnotherapy**: Combines CBT techniques (thought records, behavioural experiments) with hypnotic deepening and suggestion for more rapid results.
- **Guided Imagery Hypnotherapy**: Uses rich sensory visualization within trance to produce therapeutic change. Commonly used for relaxation, confidence, and creative problem-solving.

The Rogue Hypnotist on Hypnotherapy

The Rogue Hypnotist's *How to Hypnotise Anyone* and *Powerful Hypnosis* describe a pragmatic approach:

"My clients come with problems. I put them in trance. I find what is maintaining the problem. I change it. Most clients leave improved or cured. This happens in one session, usually within an hour. The method is simple: narrow the focus, access the unconscious, personalise the suggestion, seal the change."

The Rogue Hypnotist's approach combines direct suggestion, conversational hypnosis, NLP patterns, and metaphor into what he calls "directly-indirect hypnosis" a hybrid method that is direct enough to get results and indirect enough to bypass resistance.

Strengths

Hypnotherapy is evidence-based, time-efficient, non-invasive, and free of drugs. It works with the mind-body connection changing perception changes physiology. The results can be rapid and enduring.

Limitations

Hypnotherapy is not a cure-all. Severe psychiatric conditions (psychosis, severe bipolar disorder) require caution. Subjects must be motivated for change. The therapist's skill determines outcomes. And while most conditions respond to one to six sessions, some require more.

8. Stage Hypnosis

Stage hypnosis is the performance art of hypnotizing subjects on stage for entertainment. The hypnotist screens volunteers, induces trance rapidly, elicits dramatic and visible phenomena, runs entertaining routines, and wakes all subjects simultaneously to applause.

Ormond McGill's *The New Encyclopedia of Stage Hypnotism* and Martin Robinson's *Mastering Hypnosis: A Stage Performer's Guide* are the two foundational texts. Others include Ted James, Ray Hyman, Jon Chase, and Bruce Wilson.

The Stage Hypnosis Process

1. **The Show**: The hypnotist enters, introduces the concept of hypnosis (briefly), and sets the premise: "In a moment some of you will go into a deep hypnotic trance."
2. **Screening**: Volunteers are selected using suggestibility tests arm levitation, hand clasp, eye-roll, hand-closing. Typically, ten to fifteen volunteers are chosen from a larger audience. The screening identifies the most responsive individuals.
3. **Induction**: All volunteers are induced into trance simultaneously. Common methods include eye-fixation countdowns, fractionation (open eyes, sleep, open eyes, sleep), or rapid group inductions.
4. **Depth Test**: The hypnotist confirms trance with an arm-drop test: "When I count to three, your arms will fall limp and heavy. Arms down on three."
5. **Deepening**: The group is taken deeper with shared imagery counting down from ten, an elevator descending, a staircase. Deepening is essential before running phenomena.
6. **Phenomena and Routines**: The hypnotist runs entertaining demonstrations:
7. **Arm Lock**: A volunteer's arm is stiffened and cannot be bent.
8. **Body Blow**: A volunteer's hand strikes their forehead hard when the hypnotist punches toward it.
9. **Invisible Balloon**: A volunteer pretends to inflate and float upward in a helium balloon.
10. **Catwalk**: Female volunteers walk like models across the stage.
11. **Amnesia**: Volunteers forget their names, ages, or everything since breakfast.
12. **Hypnotic Corpse**: Volunteers collapse stiffly onto the floor.
13. **Sensory Alteration**: A volunteer tastes lemon and puckers; another tastes chocolate and smiles; another smells a flower.
14. **Group Synchrony**: The entire group claps on command, laughs on command, dances on command.
15. **PostHypnotic Triggers**: The hypnotist sets triggers that activate after the show when the hypnotist snaps fingers, the volunteers laugh uncontrollably or shake hands affectionately.

16. **Wake-Up**: All volunteers are awakened simultaneously on a count. Suggestions ensure they feel great, remember everything, and will never forget the show.

Screening Theory

A fundamental principle of stage hypnosis is **selection**. The hypnotist does not need everyone to respond deeply only a few. Martin Robinson states that roughly 1020% of any audience are "true somnambulists" capable of deep stage phenomena (amnesia, analgesia, positive hallucination). Of the remainder, about 3040% are responsive enough for light-to-medium demonstrations. The rest respond through social compliance.

The screening process naturally filters: anxious volunteers drop out. Tentative volunteers are dropped. Confident, smiling, extroverted volunteers are selected. By choosing the right subjects, the hypnotist ensures a successful show regardless of induction quality.

The Stage Hypnotist's Voice and Presence

Stage hypnosis demands a different persona from therapeutic hypnosis. The stage hypnotist is louder, more theatrical, more authoritative. The voice projects to the back of the room. The commands are sharp and certain. The pacing is fast. The hypnotist reads the audience and the audience shapes the show. The hypnotist plays to the crowd, using their reactions to drive the energy.

Strengths

Stage hypnosis is the most visible and dramatic form of hypnosis. It demonstrates hypnosis's power in ways that therapy cannot. It entertains, educates, and inspires. At its best, it leaves subjects with profound experiences they did not know they were capable of.

Limitations

Stage hypnosis prioritizes entertainment over depth. Most subjects leave the stage having experienced only light-to-medium trance. Deep therapeutic change is rare. And a poor stage show poorly screened subjects, weak induction, boring routines can make hypnosis look silly or fake.

9. Self-Hypnosis

Self-hypnosis (also called **autosuggestion**) is hypnosis that a person induces in themselves. No other person is needed. The subject is both hypnotist and subject simultaneously.

Self-hypnosis was systematized by the French pharmacist **Emil Coue** (18571926), who developed **Conscious Autosuggestion** as a therapeutic method. Coue's famous affirmation "Every day, in every way, I'm getting better and better" was a self-hypnotic induction repeated twice daily. Coue's clinic in Nancy, France, treated thousands of patients who came to learn self-hypnosis for self-treatment.

The Mechanism of Self-Hypnosis

Self-hypnosis works through the same mechanism as hetero-hypnosis: focused attention narrows, the critical faculty relaxes, and the unconscious becomes suggestible. The difference is that the subject generates their own suggestions rather than receiving them from another person.

The process typically involves:

1. **Preparation**: Sit or lie comfortably in a quiet place. Decide on the goal (relaxation, sleep, confidence, pain relief).
2. **Induction**: Use any method counting, progressive relaxation, fixation, breathing or rely on repeated practice until the body learns the state automatically.
3. **Deepening**: Count down from ten to one, visualizing each number as taking you deeper.
4. **Suggestion**: Deliver self-suggestions in the present tense, positive form, with emotion: "I am calm and focused" rather than "I will not be anxious."
5. **Awakening**: Count up from one to five, returning to full alertness.

Self-Hypnosis in Clinical Practice

Every major hypnotherapist includes self-hypnosis as part of treatment:

- **Dr. Milton Erickson**: Taught patients self-hypnosis triggers pressing thumb and forefinger together to enter trance within 60 seconds.
- **Dave Elman**: Trained subjects in self-induction so they could enter self-hypnosis in under three minutes.
- **Jose Silva** (Silva Mind Control): Developed a self-hypnosis system for study enhancement, pain control, and healing, involving gamma brainwave states.
- **The Rogue Hypnotist**: Recommends self-hypnosis for maintaining therapeutic gains, stress management, and pre-performance preparation.

Self-Hypnosis for Sleep

Perhaps the most common use of self-hypnosis is for insomnia. The procedure:

"Lie comfortably. Close your eyes. Take three deep breaths. On the third breath, exhale and let your shoulders drop. Count down from ten to one. Ten my breathing is slow. Nine my jaw is relaxed. Eight my hands are warm. Seven my legs are heavy. Six my mind is quiet. Five drifting... Four floating... Three sinking... Two almost asleep... One asleep."

Strengths

Self-hypnosis is free, portable, and repeatable. The subject can use it anywhere, anytime. It builds self-efficacy the knowledge that "I can do this to myself." It is the ultimate tool for self-management.

Limitations

Self-hypnosis requires practice. First-timers often struggle to quiet the conscious mind without external guidance. Distractions are more problematic when alone. And for some subjects, the conscious mind "oversees" the self-hypnosis too closely, preventing deep trance.

10. Neuro-Linguistic Programming (NLP)

Neuro-Linguistic Programming is not itself hypnosis, but it is closely related and was deeply influenced by hypnosis. NLP was developed in the 1970s by **Richard Bandler** and **John Grinder**, who.modelled the therapeutic techniques of three prominent therapists: **Fritz Perls** (Gestalt therapy), **Virginia Satir** (family therapy), and **Milton Erickson** (hypnotherapy).

From Erickson, NLP inherited: pacing and leading, utilization, metaphors, embedded commands, confusion technique, future pacing, anchoring, and reframing. Bandler specifically adapted Erickson's handshake induction and the confusion technique (originally from Erickson's student Lloyd Kelso) into NLP staples.

NLP as Hypnosis

Many NLP practitioners consider NLP to be "hypnosis-light" or "awake hypnosis" rapid, directive, and less immersive than traditional trance work. The NLP **swish pattern**, **anchoring**, and **visual sub-modality restructuring** all produce trance-like states with identifiable physiological markers.

The Rogue Hypost considers much of NLP to be essentially hypnosis: "NLP is an attitude that leaves behind a trail of techniques."

NLP techniques reliably produce trance:

- **Anchoring**: A specific touch on the wrist triggers a state previously elicited in trance. This is a posthypnotic suggestion without formal induction.
- **Submodalities**: Changing the brightness, size, or distance of a mental image produces rapid emotional shifts a process identical to hypnotic reframing.
- **Reframing**: "What if this weren't a problem?" produces a brief trance state wherein the unconscious searches for alternative meanings.
- **Meta-Model**: Challenging distortions, deletions, and generalizations in language induces a mild trance of self-observation.
- **Milton Model**: Directly uses Ericksonian language patterns the same patterns that induce formal trance.

Strengths

NLP techniques are fast, structured, and easy to learn. They can produce change in minutes without formal trance. They integrate well with hypnotherapy, adding rapport techniques, anchoring, and behavioural strategies.

Limitations

NLP is sometimes criticized for lacking rigorous scientific validation. Its techniques are more superficial than formal hypnosis excellent for

behavioural change but less effective for deep phenomena like analgesia, amnesia, or age regression. And NLP's emphasis on technique-over-attitude can produce mechanical, less-effective results.

11. Spontaneous Waking Hypnosis in Daily Life

Beyond the formal types above, hypnosis manifests continuously in ordinary behaviour. This is **spontaneous waking hypnosis** — hypnosis without induction, without awareness, and without any formal hypnotist.

Everyday Examples

- **Highway hypnosis**: A person drives ten miles without remembering the journey. Attention is narrowed to the road; consciousness is elsewhere.
- **Absorption in art**: A person watches a painting for twenty minutes, unaware of time passing, of hunger, of the conversation happening at the next table.
- **The "zone" in sports**: A basketball player makes ten shots in a row, moving without conscious thought. The subconscious executes learned patterns; the conscious mind observes.
- **Music trance**: A person listens to a song, sways, eyes distant, world fading. The music narrows attention; suggestion increases.
- **Social trance**: At a party, a person engages in lively conversation, laughs, tells stories, and later remembers nothing between 10 p.m. and midnight. The social context provided continuous suggestion: drink, dance, talk, laugh.
- **Cultural hypnosis**: The Rogue Hypost describes how advertising, news, and education create a shared hypnotic state — a collective trance in which entire populations believe the same things, react the same way, and behave identically. "The television is the most powerful hypnotic device ever invented," he writes, "and billions of people are under its influence right now."

George Estabrooks on Waking Hypnosis

Estabrooks identified waking hypnosis as a distinct and common phenomenon. He documented soldiers, nurses, drivers, pilots, athletes, artists, and lovers — all entering trance through absorption, emotion, or necessity. Estabrooks wrote:

"Hypnosis is not something that happens in a doctor's office. It happens in battlefields, in operating rooms, in concert halls, in bedrooms, on highways. It is the natural response of the mind to sufficient attention or emotion."

Strengths

Everyday waking hypnosis is constantly available. The hypnotist's role is to recognize it and add suggestions at the opportune moment. A well-placed suggestion during a moment of absorption — "When you take your next deep breath, you'll feel a wave of confidence" — can be as effective as a formal induction.

Limitations

Because the subject is unaware of being hypnotized, suggestions may not be delivered at the precise moment of highest suggestibility. The trance state is shallow. And because it is transient, the effect may not persist.

12. Summary Table: Types of Hypnosis

Type
Traditional Suggestion
Ericksonian (Indirect)
Waking Hypnosis
Spontaneous
Covert
Impromptu (Rapid)
Hypnotherapy
Stage
Self-Hypnosis
NLP
Spontaneous Waking

Summary

Hypnosis is not one thing. It is a family of phenomena that share a mechanism focused attention weakening the critical faculty and inviting unconscious responsiveness but express themselves in many forms. **Traditional suggestion hypnosis** is direct, authoritative, and powerful. **Ericksonian hypnosis** is indirect, permissive, and rich. **Waking hypnosis** proves that hypnosis is not sleep. **Spontaneous hypnosis** is the most common form, happening everywhere all the time. **Covert hypnosis** works while the subject is unaware. **Impromptu hypnosis** demonstrates that any moment can become a hypnotic moment. **Hypnotherapy** is the clinical application of hypnosis with millions of documented successes. **Stage hypnosis** is the theatrical expression of hypnosis's power. **Self-hypnosis** puts the skill in the subject's own hands. **NLP** borrows heavily from hypnosis for rapid behavioural change. And **spontaneous waking hypnosis** is hypnosis happening right now, to everyone who is sufficiently absorbed.

Every hypnotist, somewhere along the way, learns that hypnosis is not a technique. It is a principle. Techniques are just ways to apply it. Whether you induce trance with a pocket watch, a handshake, a story, a countdown, or nothing at all the mechanism is always the same. Attention narrows. The critical faculty relaxes. The unconscious listens. And reality as the title of Anthony Jacquin's book declares is plastic.

Chapter 10: Self-Hypnosis

The Ultimate Freedom

All hypnosis is self-hypnosis. This is not a clich��. It is the single most empowering insight in the entire practice. The hypnotist does not hypnotize the subject. The hypnotist creates the conditions focused attention, relaxed critical faculty, clear suggestions and the subject's own mind does the work. When you become the hypnotist of your own mind, you hold the key to the unconscious in your own hands. You can enter hypnosis anywhere. You can enter hypnosis whenever you want. You are no longer dependent on another person, another room, another setting. Self-hypnosis is the practice of hypnotizing yourself. It is the art of directing your own attention, relaxing your own critical faculty, and suggesting ideas to your own unconscious mind all without external help.

Emil Coue, the French pharmacist who systematized self-hypnosis in the early twentieth century, understood this completely. His famous affirmation "Every day, in every way, I'm getting better and better" was a self-hypnotic induction repeated twice daily. Coue's clinic in Nancy, France, treated thousands of patients who came to learn self-hypnosis for self-treatment. He discovered that conscious autosuggestion, delivered in a hypnotic state, could produce remarkable changes in behaviour, perception, and physical symptoms. His method was remarkably simple: repeat affirmations morning and evening, both in the conscious state and at the end of a brief self-induced trance. Coue's insight was that the conscious mind, when placed in a passive, receptive state, can implant suggestions directly to the unconscious, where they take root and begin to alter the person's relationship with the world.

The key insight is this: you can hypnotize yourself because your mind is always capable of focused attention and your unconscious is always waiting to respond. You do not need a watch to swing. You do not need another person to speak to you. You need only willingness, a clear intention, and one or two reliable techniques to narrow your attention and open your unconscious.

Why Self-Hypnosis

Self-hypnosis serves many purposes, and each purpose shapes the induction, deepening, and suggestions differently.

Pain Management

Hypnotic analgesia is one of the most well-documented applications of self-hypnosis. When a person teaches themselves to enter trance and directs suggestions of numbness, warmth, or distance to a painful area, the brain's pain-processing regions shift. The famous study by David Spiegel at Stanford University showed that self-hypnosis reduced chronic pain by up to sixty percent in some subjects. The technique is straightforward: enter trance, suggest that the painful area is numb or wrapped in ice or cool water, or suggest that the pain signal is traveling along a narrow pipe that your mind can narrow or widen at will. Some subjects imagine their unconscious mind as a pain thermostat that they can turn down with their own hand.

Self-hypnosis analgesia has been used successfully for dental procedures, labour pain, fibromyalgia, migraine, tension headaches, and post-surgical recovery. The technique is portable: a dental patient can induce trance in the waiting room. A labouring mother can deepen her trance between contractions. A migraine sufferer can fade the pain within minutes by focusing on a mental image of cool darkness behind the eyes.

Habit Change

Smoking, nail-biting, overeating, procrastination, teeth-grinding these habitual behaviours persist because the unconscious mind has learned to execute them automatically in response to triggers. Self-hypnosis rewires the trigger-response loop from the inside. When entering trance and suggesting "When I feel the urge to smoke, my mouth will taste like mint and my hand will prefer water," the unconscious begins to associate the smoking trigger with a new response. When suggesting "When I sit down at my desk, I will feel focused and ready," the procrastination trigger is replaced with a focus trigger.

The Rogue Hypnotist states bluntly: "All problems are just subconscious habits, not disorders." Self-hypnosis attacks the subconscious habit directly, bypassing the conscious mind's limited willpower. Where conscious willpower fails (and it always does, eventually, because willpower is a finite resource), self-hypnosis installs a new automated response that requires no effort to execute.

Performance Enhancement

Athletes use self-hypnosis to enter the zone before competition. Musicians use it to calm pre-performance nerves and focus on the music. Students use it to sharpen concentration for exams. The technique is always the same: enter trance, visualize performing the desired activity with perfect execution, engage all senses in the visualization, and suggest that the next

time you encounter the relevant situation, your unconscious will automatically access the performance state.

The key element is future pacing taking the resourceful state achieved in trance and anchoring it to a future trigger, so that when the athlete steps onto the field or the musician sits at the piano or the student reads the first exam question, the unconscious automatically accesses the focused, confident state.

Sleep

Sleep problems are one of the most common reasons people turn to self-hypnosis. Insomnia, restless sleep, night waking, and difficulty falling asleep all respond to hypnotic suggestion. The simplest technique is to count down from ten while suggesting that with each number the body grows heavier and the mind grows quieter, then imagine descending a flight of stairs into a dark, comfortable bedroom where sleep arrives like a warm blanket. More elaborate techniques involve imagining a safe place a forest clearing, a beach at dusk, a mountain cave and allowing the mind to wander through the imagined environment until sleep takes hold naturally.

The Mechanism of Self-Hypnosis

Self-hypnosis works through the same mechanism as hetero-hypnosis: focused attention narrows, the critical faculty relaxes, and the unconscious becomes suggestible. The difference is that the subject generates their own suggestions through internal dialogue, visualization, and self-directed counting.

The process typically involves four elements:

Preparation

The subject sits or lies comfortably in a relatively quiet place. The eyes are closed. The breathing is allowed to settle. The mind is oriented toward a clear goal pain relief, sleep, confidence, focus, habit change, or simply relaxation. The preparation phase lasts anywhere from thirty seconds to three minutes depending on the urgency of the goal and the experience of the subject.

Induction

The subject guides their own attention into a trance using any method counting, progressive relaxation, breath awareness, visualization, fixation on an internal image, or a combination. The key is that the subject initiates the induction themselves and sustains their own focus until the critical faculty relaxes sufficiently for trance to settle.

Deepening

Once in trance, the subject deepens by repeating the mental countdown, visualizing descent, or suggesting that each breath takes them deeper. Some subjects find that repeating a single word "deep," "calm," "peaceful" on each out-breath sustains and deepens the trance state without requiring elaborate imagery.

Suggestions

The subject delivers suggestions to their own unconscious. These may be simple ("My sleep is deepening," "My hands are warm and relaxed") or complex (a full scene of imagining a future event performed successfully). The suggestions should be positive, present-tense, and emotionally charged. The unconscious mind responds to emotion as much as to words.

Awakening

The subject counts up from one to five, suggesting alertness and refreshed feeling with each number, then opens their eyes. Some subjects choose to skip the awakening and simply allow themselves to drift into natural sleep.

Methods of Self-Hypnosis Induction

Any hypnotic induction can be performed on yourself. The most common and practical are described below.

The Counting Induction

The counting induction is the simplest and most widely taught self-hypnosis method. Close your eyes and count from ten down to one. With each number, suggest that your body grows heavier and your mind grows quieter. Ten starting to relax. Nine deeper. Eight letting go. Seven sinking deeper. Six almost there. Five deeply relaxed. Four deeper still. Three very deeply. Two almost all the way. One deeply hypnotized, deeply relaxed, deeply focused inside.

A descending count of this kind works because counting absorbs the analytical mind. The analytical mind counts along and cannot simultaneously maintain tight critical faculty vigilance. By the time you reach one, the critical faculty has been occupied with the counting task long enough to relax its guard, and the suggestions planted during the count pass directly to the unconscious.

The Elman descent intensifies this technique. Instead of counting from ten to one, the subject counts from forty to one in a slower rhythm. Elman found that forty was more powerful for depth than ten because it sustains the analytical mind's engagement for a longer period, ensuring deeper critical faculty bypass before the final suggestions are delivered.

The Progressive Relaxation Induction

Close your eyes. Starting at the very top of your head, imagine a wave of warmth and relaxation flowing over your scalp, your forehead, your temples. Let go of all tension there. Move the relaxation down through your eyes, your jaw unclenching, your shoulders dropping, your chest rising and falling freely. Relax your arms from shoulder to fingertips. Relax your stomach, your back, your hips, your legs from thighs to ankles, your feet and toes. Imagine each body part becoming so heavy and relaxed that it sinks into the chair or bed. The progressive relaxation induction takes between two and five minutes. A shortened version takes thirty seconds: "From the top of my head down through my shoulders, down my arms, relaxing my chest and stomach, my legs growing heavy and comfortable." Some subjects prefer a body-scan that moves from toe to head rather than head to toe. Either direction works. The mechanism is the same: sequential muscular relaxation sends a cascade of calm signals to the brain, and the analytical mind's attention is fully occupied with tracking each body part in sequence.

The Breath Induction

Sit or lie comfortably. Close your eyes. Breathe slowly and deeply. On each out-breath, suggest "I am relaxing deeper." On each in-breath, suggest "I am calm." After the first minute, increase the breath ratio: inhale for four

counts, hold for four counts, exhale for eight counts. This extended exhalation triggers the parasympathetic nervous system, slowing heart rate, dropping blood pressure, and producing physical calm. With each extended out-breath, deepen the suggestion: "As I exhale, my critical mind steps aside. My unconscious mind opens. I am drifting deeper." This breath-based induction can produce trance in three to five minutes, with deeper trance achieved through sustained slow breathing.

The Visualization Induction

Imagine a staircase. You are standing at the top. Count down from ten to one. With each step down, you go deeper into trance. Describe the staircase in sensory detail: what colour are the steps? Are the walls wood or stone? Is there a carpet runner? What do you smell? A warm scent? A cool scent? What do you hear? The sound of your own breathing? The distant sound of water? At the bottom of the stairs, imagine a safe, comfortable room or garden where you can stay as long as you wish. This room is your personal trance sanctuary. Every time you visit it in self-hypnosis, the unconscious associates the setting with deep trance, and eventually mere mental entry into the room triggers automatic trance response.

The Eye-Fixation Self-Induction

Keep your eyes closed. Focus your internal attention on a single internal image a point of white light behind your eyes, the sensation of your breath at the nostrils, the weight of your hands resting on your legs. Hold the focus steadily. Imagine that with each passing second, the focus becomes narrower and the rest of the world fades. The image may waver at first. Bring it back without effort. Eventually, the waver ceases. The focus becomes steady. The surrounding world fades. You are in trance.

The Hand-Gaze Self-Induction

Extend one hand in front of you, palm facing you. Stare at the underside of your own hand for thirty to sixty seconds. Do not blink much. Suggest that your hand is getting lighter, that your eyes are getting tired from looking at it. When your own fingers begin to tremble slightly or drift apart, or when your eyes feel watery or heavy, close them and count down from ten. The sustained visual focus fatigues the eye muscles, the eyelids become heavy, and the critical faculty relaxes producing trance entry.

Self-Hypnosis Techniques for Specific Goals

Sleep Induction

Lie on your back or side. Close your eyes. Take three deep breaths. On the third breath, exhale fully and let your shoulders drop. Count down from ten to one, suggesting relaxation at each number. At one, imagine yourself stepping into your safe, comfortable room. Let the details of the room fill your senses. Notice the walls, the light, the furniture, the air temperature, the sounds. When you are settled in the room, suggest to yourself: "My unconscious mind now works on my sleep. I will sleep deeply. I will wake refreshed." Then allow the room to expand, the walls to fade, the ceiling to open into night sky, and sleep to come naturally.

A shorter sleep induction: "Ten my breathing is slow. Nine my jaw is relaxed. Eight my hands are warm. Seven my legs are heavy. Six my mind is quiet. Five drifting. Four floating. Three sinking. Two almost asleep. One asleep." Repeat "Asleep" silently on each breath until the mind stops hearing the word.

Confidence Installation

Enter trance. Visualize yourself in a situation where you previously lacked confidence. See yourself handling the situation with poise. Feel yourself calm. Hear yourself speaking clearly. Observe the positive responses from others. Suggest: "In every situation, my unconscious automatically accesses confidence. I am calm. I am capable. I am strong." Anchor this state by pressing your thumb and index finger together during the session. Later, in waking life, press thumb and index finger together to re-access the confidence state. Self-induced anchoring is one of the most practical tools in the self-hypnotist's repertoire.

Pain Control

Enter trance. Identify the painful area. Imagine that you can reach toward it with a dial or slider. Describe the dial what does it look like? Turn it down slowly. Suggest: "As I turn this dial down, the pain signal fades. The pain becomes distant. The pain becomes manageable. The pain becomes comfortable." Alternatively, imagine the painful area surrounded by cool darkness or cold water or warm warmth. Some subjects find analgesic suggestion of "numbness" more effective. Others find "distance" imagining the pain is happening to someone else's arm while they watch it on a screen ten feet away more effective. The key is to find the metaphor that your unconscious responds to. There is no single right way.

Focus and Concentration

Enter trance. Imagine a spotlight of light in your mind. Place the task you need to focus on a written document, a mathematical problem, a musical score under the spotlight. See the subject matter clearly illuminated.

Suggestions: "My focus is sharp. My concentration is steady. I can lock onto the task and hold it without distraction. Distractions float past me like clouds. They do not pull me from the spotlight. I am focused. I am steady. I am present."

Anxiety Reduction

Enter trance. Place a hand on your heart. Feel the warmth of your own palm. Suggest: "My breath is slow. My heart is calm. My mind is quiet. Anxiety flows out of me with each exhale. Peace flows into me with each inhale. Wherever I go, my breath travels with me. Wherever I go, my calm travels with me. One deep breath is enough to return me to this state." This one-breath emergency self-hypnosis is a technique recommended by the Rogue Hypnotist: a single deep breath taken with the posthypnotic suggestion that it triggers the calm state installed during self-hypnosis sessions.

Self-Hypnosis Cues and Anchors

A self-hypnosis cue is a physical or mental trigger that initiates trance automatically. Milton Erickson taught patients to install self-hypnosis cues pressing thumb and forefinger together, taking a deep breath, closing the eyes for a count of three that would instantly trigger trance upon request. To install a self-hypnosis cue, enter a deep trance. While in deep trance, press your thumb and index finger together firmly. Suggest: "Every time I press my thumb and index finger together, I will instantly drop deeper into this calm, focused state. I do not need to count. I do not need to visualize. One touch of fingers is enough to go under." Repeat this suggestion three times in deep trance, always with the finger-pressing action. After three installations, the cue becomes robust. In a later session, test it: press thumb and index finger together away from deep trance and observe whether trance depth increases. If not, return to deep trance and reinstall.

Other common self-hypnosis cues include:

- Closing the eyes for three breaths
- A whispered word ("Deep") spoken to oneself
- Pressing the tongue to the roof of the mouth
- A specific hand position on the lap
- A mental image of a staircase beginning to descend
- A single deep breath with the suggestion that "the inhale takes me in, the exhale takes me deeper"

The cue should be simple, unobtrusive, and repeatable in any setting in a meeting, on a train, at a desk, beside a bed. The simpler the cue, the faster it becomes automatic.

Self-Hypnosis Scripts

A self-hypnosis script is a sequence of spoken or internally spoken words that guides the subject through induction, deepening, suggestion, and awakening. Below are four scripts covering the most common applications.

General Relaxation Script

Close your eyes. Breathe naturally. There is nothing to do. There is nowhere to go. You are already exactly where you need to be. Count down from ten to one. Ten your breathing is slow and easy. Nine your shoulders drop. Eight your jaw unclenches. Seven your hands grow warm and heavy. Six your stomach relaxes completely. Five your legs are deep and comfortable. Four your mind is quiet. Three you are deeper than you expected. Two almost all the way down. One deeply relaxed, deeply focused inside. Your unconscious mind opens. It listens. It accepts. It changes. With each breath you take from this moment on, you grow more relaxed. With each breath you take from this moment on, you grow more at ease with yourself. You do not have to try. You only have to breathe. And breathing is something your body knows how to do. When you are ready, count from one to five. One coming back. Two feeling refreshed. Three eyes growing light. Four mind sharp and clear. And five eyes open, wide awake, feeling calm and good.

Sleep Script

Close your eyes. Let your body sink into the bed. Breathe slowly. Feel the air move in and out. Ten your eyelids are heavy. Nine your forehead is smooth. Eight your neck is relaxed. Seven your shoulders drop. Six your arms are warm. Five your hands are heavy. Four your chest rises and falls. Three your stomach is soft. Two your legs are deep and heavy. One asleep. Your unconscious mind now works on your sleep. The deeper you sleep, the more you heal. The more you heal, the more rested you wake. Sleep comes naturally. Sleep comes easily. Sleep comes like tide coming in steady, quiet, powerful. You will wake when you need to wake. You will wake feeling restored. Now let the darkness come. Let the quiet come. Let the sleep come.

Confidence Script

Close your eyes. Breathe deeply. Imagine standing in a place where you feel completely at ease. See the environment clearly. Hear the sounds. Feel the temperature. Now imagine yourself in the situation where you need confidence. See yourself there. Feel yourself calm. Hear yourself speaking clearly. Watch yourself handling the situation with poise and composure. Feel the warmth of your own confidence spreading through your chest, your arms, your legs. Your posture straightens. Your voice strengthens. Your mind clears. In every situation, my unconscious automatically accesses confidence. I am calm. I am capable. I am strong. When I place my thumb and index finger together, the confidence returns instantly. I am calm. I am capable. I am strong. Test the anchor now: press thumb and index finger

together. Feel the confidence surge. Release. Press again. Feel it surge again. The anchor is installed. Every time I press thumb and index finger together, I become calm, confident, and strong. When you are ready, count from one to five. One coming back. Two feeling confident. Three eyes growing light. Four mind sharp and clear. And five eyes open, wide awake, feeling confident and good.

Pain Relief Script

Close your eyes. Breathe deeply. Imagine a dial in your mind. It controls the intensity of your pain. Turn the dial down slowly. Watch the numbers drop. Lower. Lower. Lower. The pain is fading. The pain is becoming distant. The pain is becoming comfortable. Imagine cool water flowing over the painful area. Feel the coolness soak deep. Imagine the pain is happening to someone else's arm. You are watching it on a screen ten feet away. It does not affect you. You are safe. You are calm. You are in control. One deep breath is enough to return you to this state. Whenever you need relief, one deep breath will return you to calm. When you are ready, count from one to five. One coming back. Two feeling relieved. Three eyes growing light. Four mind sharp and clear. And five eyes open, wide awake, feeling relief and calm.

Self-Hypnosis and Everyday Life

Self-hypnosis is not confined to formal sessions lasting fifteen or twenty minutes. It can be woven into the fabric of everyday life. Every time you pause on a train, you can close your eyes, breathe deeply, count down from ten to one, and return to the platform feeling calm. Every time you sit in a meeting, you can press thumb and index finger together and access the confidence state installed during a previous self-hypnosis session. Every time you lie in bed without sleeping, you can drop into a three-minute progressive relaxation induction and allow sleep to come.

The Rogue Hypnotist identifies "Cultural Hypnosis" as a pervasive form of self-hypnosis that entire populations enter daily scrolling, watching, listening, absorbing suggestions from screens and news and advertisements without conscious awareness. Self-hypnosis reverses this passive absorption by allowing you to become the hypnotist of your own mind, directing your own attention toward your own goals.

Everyday examples of spontaneous self-hypnosis include:

Highway hypnosis. You drive ten miles without remembering the journey. You did this yourself, using your own mind's capacity for focused attention and automatic performance of learned behaviour. That was self-hypnosis.

Immersive reading. You read a novel and forget the room you are sitting in. You felt the cold described on the page. That was self-hypnosis your own unconscious mind constructing the experience your conscious mind described.

The flow state. You play a musical instrument or a sport or write code and lose track of time. You are completely present. Your mind is focused. Your unconscious is executing learned patterns. That was self-hypnosis your own focused attention, your own bypassed critical self-evaluating faculty, your own deep immersion.

Pain relief. After bumping your finger, you stare at it, take three breaths, and suggest it is numb. The pain fades. That was self-hypnosis you yourself induced trance, you yourself delivered analgesic suggestion, you yourself received the relief.

Morning autosuggestion. You wake and repeat to yourself "I am calm. I am focused today." You feel a slight shift in mood. That was self-hypnosis Coue's method, conscious autosuggestion, the conscious mind directing the unconscious in the brief window between waking and focused attention.

Self-Hypnosis Practices and Protocols

A disciplined practice of self-hypnosis accelerates results and deepens trance response over time. Below is a structured protocol.

Daily Practice

- **Week 1:** Daily five-minute session using the counting induction. Focus solely on relaxation. Do not deliver therapeutic suggestions. Learn what deep trance feels like.
- **Week 2:** Daily seven-minute session. Add a simple goal suggestion "My sleep is deepening" or "My hands are warm and relaxed." Test responses.
- **Week 3:** Daily ten-minute session. Install one self-hypnosis cue thumb-index finger press.
- **Week 4:** Daily ten-minute session with therapeutic suggestion relevant to your chosen goal confidence, pain, focus, habit change, sleep.
- **Ongoing:** Maintain daily ten-minute sessions. Rotate goals. Add new suggestions. Deepen cue reliability.

Emergency Self-Hypnosis

For acute anxiety, panic, or acute pain, a single two-minute self-hypnosis session can produce significant relief. The technique:

1. Close your eyes.
2. Take three deep breaths. On the third breath, exhale fully and let your shoulders drop.
3. Press thumb and index finger together.
4. Count down from five to one on each breath.
5. Suggest "I am calm. I am safe. My breath is enough."
6. Open your eyes when ready.

This emergency protocol was adapted from the clinical practice of teaching patients to use a self-hypnosis cue for anxiety attacks. The key is repetition: the cue must be installed through deep trance repetition before it works reliably in emergencies.

The Silva Method Variation

Jose Silva's self-hypnosis system for study enhancement, pain control, and healing involves gamma brainwave states achieved through mental exercise. The Silva Method teaches: close your eyes, count down from 100 to 1, enter what Silva calls "the 40-microvolt level" (a gamma brainwave state associated with heightened insight and healing), visualize your goal clearly, and return to normal alpha state by counting from 1 to 5. The Silva system emphasizes that the deepest levels of self-hypnosis those associated with gamma brainwaves produce the most profound healing and insight. It is particularly suited for self-directed problem-solving.

Common Self-Hypnosis Mistakes

Even experienced self-hypnotists make errors. The most common include:

Inconsistent practice. Self-hypnosis is a skill. Like any skill, it improves with repetition. Irregular sessions produce shallow responses. Irregular self-hypnosis is like irregular meditation some days you meditate for an hour, some days you don't meditate at all, and after three months you wonder why you cannot focus.

Overthinking during trance. The conscious mind "oversees" the self-hypnosis too closely, checking "Am I deep enough? Is this working?" This analytical monitoring prevents the critical faculty from relaxing. The solution: trust the process. Depth is irrelevant to effectiveness. Light trance delivers powerful suggestions. Deep trance delivers deeper suggestions. Either works.

Impatience for results. Self-hypnosis accumulates. The first session may produce noticeable relaxation. The third session may produce deeper trance. The tenth session may produce behavioural change. The one-hundredth session may produce a fundamental shift in self-image. Impatience with self-hypnosis is like impatience at the gym three sessions will not transform your body, and three sessions will not transform your mind.

Poor script design. Suggestions that are negative ("I will not smoke," "I will not be anxious"), abstract ("I will be great"), or emotionally flat ("My legs are relaxed") produce weak responses. Suggestions that are positive ("I am calm," "I am focused"), sensory ("My warmth flows from my shoulders to my fingertips"), and emotionally resonant ("I feel strong, capable, steady") produce strong responses. The quality of self-hypnosis depends on the quality of the suggestions.

Skipping deepening. The subject enters trance and immediately delivers suggestions without deepening. This produces light, easily distracted trance. Deepening is not optional. Even one additional minute of deepening after induction doubles the trance stability.

Failing to install cues. The subject delivers excellent suggestions in deep trance but leaves no physical or mental cue to trigger the state later. This means every session requires a full induction. An installed cue turns any moment into a hypnosis opportunity. Always install at least one self-hypnosis cue.

Incongruent state. The subject says "I am confident" while slouching, whispering, and doubting. The conscious body language contradicts the hypnotic suggestion. The unconscious mind receives mixed signals and responds weakly. The solution: adopt the physiology of the desired state while suggesting it. Sit tall. Speak clearly. Breathe deeply. The body leads the mind.

The Relationship Between Self-Hypnosis and Meditation

Self-hypnosis and meditation overlap significantly but serve different purposes. Meditation is the practice of observing the mind without attachment noticing thoughts, feelings, and sensations as they arise and pass, without following them or judging them. The goal of meditation is awareness, stillness, presence.

Self-hypnosis is the practice of directing the mind toward a specific goal relaxation, confidence, pain relief, sleep, focus. The goal of self-hypnosis is change.

Both practices use focused attention, slow breathing, and inner quiet. Both produce similar physiological effects lowered heart rate, relaxed musculature, reduced cortisol. Both deepen with regular practice.

The difference lies in direction. Meditation is non-directional. You sit and observe whatever arises. Self-hypnosis is directional. You sit and direct your unconscious toward a specific outcome. A person in self-hypnosis is suggesting. A person meditating is observing.

Many practitioners use both. They meditate to develop awareness, then self-hypnotize to direct the aware mind toward a goal. The combination produces deeper awareness and more efficient change than either practice alone.

Self-Hypnosis for Sleep: Sleep Hypnosis Techniques

Sleep hypnosis may be the single most common application of self-hypnosis. Insomnia affects a large proportion of the population, and sleep hypnosis offers a drug-free, portable, effective solution.

The technique: lie in bed comfortably. Close your eyes. Take three slow breaths. Count from ten to one, suggesting relaxation at each number. At one, imagine floating on a dark still lake under a sky full of stars. The water is warm. The air is still. The stars are close. You can reach out and touch them. Your consciousness drifts across the surface of the water. The stars reflect beneath you as well as above you. You are surrounded by light. You are safe. You are calm. Sleep comes naturally.

A second technique: imagine a large safe. You are closing it. You turn the wheel. The door swings shut. The lock clicks. Inside the safe, you place every worry, every task, every thought from today. The safe is impenetrable. Nothing can get in. Nothing can get out. Tonight, nothing leaves your mind except what you choose tomorrow. The safe door is locked. Sleep can come.

A third technique: count sheep. Not the clich��. Count each sheep slowly over a fence. One sheep. You can see its wool. You can hear its hooves on the grass. Two sheep. Three sheep. Each sheep carries you deeper. After forty sheep, your mind stops counting. You fall into sleep.

Self-Hypnosis for Weight Loss: Eating Hypnosis

Self-hypnosis for weight loss operates on four principles: reduced cravings, faster satiety, emotional eating interruption, and metabolic acceleration through imagined thermal activation.

The craved-food technique: imagine your favourite snack chocolate, chips, ice cream in front of you. See it. Smell it. Now imagine taking a bite. What does it taste like? If the taste fades, keep imagining until the flavour neutralizes. This is called aversion hypnosis. Repeat daily until the snack loses its appeal.

The larger-portion technique: imagine your plate as twice its normal size. Fill it normally. Look at it. It looks sparse. Your unconscious mind perceives you are eating a small portion and continues signalling hunger. Eat normally. Your brain receives the visual cue of an empty-looking large plate. You feel full after a normal-sized meal.

The appetite-switch technique: enter trance. Suggest "My body naturally prefers fruit and vegetables over sugar and fat. My taste buds prefer fresh apple over chocolate. My stomach prefers grilled chicken over fried chicken. My preference has shifted." Repeat daily for two weeks. Most subjects report naturally preferring lighter foods within fourteen days.

Self-Hypnosis with Children

Self-hypnosis is not exclusively an adult practice. Children can be taught self-hypnosis techniques and often respond more deeply than adults because their critical faculty is less rigid and their imagination is more fully engaged.

The simplest technique for children involves imagery: "Find your secret place in your mind. It could be a treehouse, a cave, a room in a castle. Go there in your imagination. Sit down. Feel safe. Feel calm. And every time you go to your secret place, you feel better." The child visits the secret place before sleep for relaxation and during the day for confidence building.

For younger children (under seven), self-hypnosis takes the form of guided imagination rather than formal trance. A parent whispers a bedtime story that includes embedded suggestions the child character feels brave, feels calm, falls asleep easily and the young child enters trance through story absorption without knowing it. This is self-hypnosis disguised as imagination, and it is one of the most powerful tools parents possess.

Advanced Self-Hypnosis Techniques

Fractionation of Self

Self-fractionation bringing yourself slightly out of trance and deeper accelerates trance depth. The technique: enter trance. Suggest that in three seconds you will open your eyes and feel alert. Count: One two three eyes open, alert. Immediately suggest: "My eyes will close now and I will go three times deeper." Eyes close. Deeper. Repeat two or three times. Self-fractionation is particularly effective when the subject has already achieved a deep trance and wants to deepen further for therapeutic work.

Automatic Writing in Self-Hypnosis

Enter trance. Place a pen and paper beside you. Suggest: "My unconscious hand will write everything my unconscious mind wants me to know. I do not need to watch. I do not need to plan. My hand writes on its own." Place your hand on the pen or pencil. Allow it to move freely across the paper without conscious direction. What emerges images, words, sentences, symbols is direct communication from the unconscious. This technique was used extensively by Milton Erickson and later by Hans Holzer in automatic writing for spirit communication. In self-hypnosis, automatic writing produces problem solutions, emotional releases, and creative insights that the conscious mind could not have generated alone.

Self-Hypnosis Regression

Enter trance. Suggest: "I will go back to the moment when this problem began. Not necessarily the exact date, but the first moment my unconscious mind registered that things were not right." Allow the mind to take you wherever it chooses. Do not direct. Do not analyze. Observe. When you reach the moment, observe what happened. What was said? What was felt? What was seen? Often the root cause of a current problem a phobia, a habit, a pattern becomes apparent during self-regression. The solution is frequently as simple as returning to the moment in imagination and changing the outcome speaking up when silent, saying goodbye when staying, leaving when entering.

Self-Hypnosis Parts Therapy

Parts therapy recognizes that the mind contains sub-personalities or "parts" that hold different beliefs, emotions, and behaviours. Self-hypnosis parts therapy: enter trance. Ask your unconscious mind: "What part of me holds this problem?" Feel where in the body the part sits. Observe what the part looks like a child, an animal, a colour, an object. Ask the part what it wants. Listen for the answer it may come as a word, an image, a feeling, or a sentence. Negotiate: "What is your positive intention?" The part usually has a positive intention the anxious part wants to protect you, the overeating part wants to comfort you, the procrastinating part wants to avoid disappointment. Agree with the part: "You have done your job. You can

relax now. I will handle this." The part releases its hold. The behaviour changes.

The Ethics of Self-Hypnosis

Self-hypnosis is safer than hetero-hypnosis in some ways because the subject cannot be suggested to do anything that conflicts with their values the unconscious mind knows what is safe and rejects harmful suggestions. It is less safe in other ways because the subject may deepen trance too far, regress to an unresolved trauma, or fail to emerge naturally if the session runs too long.

The ethical principles of self-hypnosis are simple:

- Always start with clear intentions. Know what you want before you enter trance.
- Never suggest something that could harm you physically hold your breath for five minutes, stand on one leg for an hour, go without food for three days.
- If a memory or emotion surfaces that feels overwhelming, suggest to yourself: "I can revisit this later. For now, I return to calm."
- Always awaken or allow natural sleep at the end of a session.
- Do not use self-hypnosis to override necessary physical signals ignore hunger, ignore pain, ignore the need to urinate.

Self-Hypnosis and the REM State

Ivan Tyrrell's Human Givens framework describes self-hypnosis as accessing the REM state the same dreaming state that restores psychological equilibrium every night. When you enter self-hypnosis during the day, you activate the same brain machinery that processes emotional ruminations during sleep. The difference is that in self-hypnosis, the imagination is guided rather than spontaneous. The therapist is you. The script is you. The director is you. The dream is self-directed, and therefore more focused, more purposeful, more targeted than nighttime dreaming. When you enter self-hypnosis and present your problem to your unconscious mind during the day, the unconscious begins processing it in the same way it processes nighttime dream material metaphorically, associatively, emotionally. But because you are consciously directing the suggestions, the processing is faster and more goal-oriented than spontaneous dreaming. You get the benefits of REM-state problem-solving without waiting for sleep.

Summary of Self-Hypnosis Principles

The core principles of self-hypnosis are:

1. **All hypnosis is self-hypnosis.** The mind does the work. The hypnotist creates the conditions.
2. **Willingness is essential.** You cannot be hypnotized against your will. You cannot fail at self-hypnosis. You can only fail to try.
3. **Any induction works.** Counting, progressive relaxation, breath awareness, visualization, eye-fixation choose one and practice it daily.
4. **Consistency produces depth.** Irregular self-hypnosis is ineffective. Daily practice produces dramatic results over weeks.
5. **Suggestions must be positive, present-tense, and emotional.** "I am calm" works better than "I will not be anxious." "I feel strong, capable, steady" works better than "I am confident."
6. **Install self-hypnosis cues.** A physical or mental trigger that initiates trance instantly transforms your entire day into hypnosis opportunity.
7. **Deepening is not optional.** Even one minute of deepening doubles trance stability.
8. **Trance depth is less important than suggestion quality.** Light trance with excellent suggestions outperforms deep trance with poor suggestions.
9. **Self-hypnosis accumulates.** One session produces awareness. Three sessions produce deepening. Ten sessions produce behavioural change. One hundred sessions produce fundamental shift.
10. **Trust the process.** The unconscious mind works in its own time in its own language. Do not judge the results immediately. Wait. Observe. Adapt.

Final Words on Self-Hypnosis

Self-hypnosis puts the power of the unconscious into your own hands. It is the ultimate form of mental self-sufficiency. No hypnotist, no recording, no application, no book is required. You are all you need. Close your eyes. Breathe. Count down. Suggest. Deepen. Awaken. You have just hypnotized yourself. The key is yours. Use it well.

Chapter 11: Conversational, Street & Impromptu Hypnosis

The World Outside the Therapy Room

All hypnosis is not performed in a quiet therapy room with a comfortable chair, whale music playing softly, and a willing client who has paid for the privilege. The bulk of human life happens in motion -- at bus stops, in office corridors, across kitchen counters, on crowded trains, at dinner parties, in shop queues. And hypnosis happens there, too. It is not confined to the clinical setting. It does not require consent in advance. It does not require the word "hypnosis" to be spoken. It does not require the subject to close their eyes, let alone lie on a couch.

Conversational, street, and impromptu hypnosis are not smaller, weaker, or inferior forms of hypnosis. They are hypnosis in its most direct, most versatile, most powerful expression. They are the art of inducing trance in people who do not know they are being hypnotized, of delivering suggestions while they are fully awake, of creating profound psychological shifts in seconds rather than hours. They are what separate the hypnotherapist who can hypnotize only in a therapy room from the hypnotist who can hypnotize anyone, anywhere, anytime.

Anthony Jacquin, who wrote *Reality is Plastic: The Art of Impromptu Hypnosis*, defined the practice simply: "This book is about hypnosis and how to use it effectively. It will teach you what hypnosis is and how to hypnotize both individuals and groups of people any time and anywhere you choose." He went on to demonstrate that you can walk into a shop and leave with anything you choose without paying, make people treat you like a superstar, become invisible, pay people with pieces of rubbish, and walk into a hotel and receive your key from the assistant manager who has no memory of handing it over. All of it hypnotic suggestion. All of it impromptu.

Igor Ledochowski, creator of *Conversational Hypnosis Revealed*, spent over $120,000 flying around the world learning from the best hypnotists before systematizing his own approach. His conclusion: "In order to do conversational hypnosis, you have to do it conversationally. In order to do it conversationally, it has to be easy." Conversational hypnosis is not a special technique layered on top of ordinary speech. It is ordinary speech layered with hypnotic principles so deeply that the subject never notices the shift from normal conversation to hypnotic trance.

The Rogue Hypnotist, whose four-book series covers everything from basic induction to forbidden hypnotic secrets, observed that "waking hypnosis is going on all the time by the way" and that TV, radio, advertising, and street interactions all produce hypnotic effects in receptive audiences. His "hypnotic stare" -- holding eye contact slightly longer than social convention

demands until the subject's eyes glaze and reality orientation grows fidgety -- produces waking trance in seconds with no induction at all.

This chapter covers every major technique for conversational, street, and impromptu hypnosis, from the simplest finger-magnetism set piece to the most sophisticated Milton Model patterns, from the handshake induction to blurred-reality storytelling. By the end, you will understand how to enter trance without saying "close your eyes," how to deliver embedded commands in ordinary speech, how to select subjects on the street, how to read trance indicators with eyes open, and how to move seamlessly from conversation to phenomenon to awakening in under two minutes.

PART I: WHAT IS CONVERSATIONAL HYPNOSIS?

Conversational hypnosis is the embedding of hypnotic language patterns, suggestions, and trance-inducing techniques within the flow of ordinary conversation. The subject believes they are simply talking to you. In reality, their attention is narrowing, their critical faculty is relaxing, and their unconscious mind is absorbing your suggestions. They may not even notice that they have dropped into trance.

Igor Ledochowski described the origin of his method precisely: he was trained as a lawyer and then as a hypnotist, and he wanted to work with Fortune 500 executives who would not agree to be "hypnotized" in the traditional sense. Milton Erickson had shown that he could produce remarkable therapeutic changes through storytelling and casual conversation, but no one had systematized how. Ledochowski's solution was to take Ericksonian principles, strip away everything that was not conversation, and build a repeatable method from what remained.

The result is a system in which the hypnotist uses power words, embedded commands, truisms, cause-effect statements, and pacing-and-leading language to slip suggestions into conversation so seamlessly that the subject's mind accepts them without analysis.

The Four Pillars of Conversational Hypnosis

1. Power Words

Power words are single words that, when used repeatedly in a conversation, activate hypnotic language patterns beneath conscious awareness. The most important power word is "because." The word "because" creates cause-effect associations in the mind. Research by social psychologist Ellen Langer demonstrated that when people justify a request with "because," even if the justification is circular and adds no genuine information, compliance rates skyrocket. In a famous experiment at a university photocopy machine, a researcher asking to cut in line said "Can I cut in front of you because I have to make some copies?" -- a justification that added nothing new, since the person was already at the photocopy machine to make copies. Compliance jumped from roughly thirty percent to approximately eighty percent simply by adding the word "because."

In conversational hypnosis, "because" is used continuously: "As you listen to my voice, you can begin to notice how relaxed you feel, because the more you hear my voice, the more relaxed you become." The subject processes the sentence as normal speech. Their critical faculty approves the logic. Their unconscious mind receives the embedded suggestion "the more you hear my voice, the more relaxed you become."

Other power words include: now, when, as, while, before, after, because, since, so, therefore, and already. Each carries a temporal or causal

implication that drives the mind toward acceptance of the surrounding suggestion.

2. Embedded Commands

An embedded command is a directive suggestion hidden within a longer sentence. The subject's conscious mind processes the full sentence as ordinary information. The unconscious mind isolates the command and acts on it.

Example: "You may not be aware yet of **how deeply relaxed you can become**." The conscious mind hears a statement about unawareness. The unconscious mind receives the command "how deeply relaxed you can become."

The delivery of embedded commands requires three elements: a slight pause before the command, a downward tonality on the command phrase, and a slight pause after the command. A subtle body shift -- a tilt of the head, a change in gesture, a blink -- marks the boundaries. Without these nonverbal markers, the command blends into the surrounding speech and loses its impact.

The Rogue Hypnotist emphasized three tonal qualities: commanding tonality (falling pitch at the end, indicating a directive), consistent tonality (staying level, neither rising nor falling, so the command is camouflaged), and rhythmic emphasis (pulsing the voice on key syllables within the command phrase).

3. Truisms and the Yes-Set

A truism is a statement that must be true. "You are sitting in that chair." "You can hear my voice." "Your breathing is steady." "You have two hands." Every truism causes the subject's analytical mind to register internal agreement. When four or five truisms are delivered in sequence, followed by a suggestion, the analytical mind's acceptance rate of the suggestion increases dramatically. This is the yes-set: a series of true statements that conditions the mind toward compliance.

Example: "You are breathing normally, you can feel the chair beneath you, your hands are resting on your lap, you can hear the sounds around you, and perhaps you are already **going deeper than you expected**." The first four clauses are truisms. The mind acknowledges each. By the fifth clause, the suggestion "going deeper than you expected" passes with minimal resistance.

The Rogue Hypnotist identified a pattern used by hypnotists and politicians alike: "fact, fact, fact, suggestion." Each fact relaxes the analytical filter a little more. By the third, the mind stops checking. By the fourth, it accepts the suggestion as just another fact.

4. Pacing and Leading

Pacing and leading is the foundational structure of all conversational hypnosis. You pace by describing the subject's current experience accurately. You lead by shifting that experience in the desired direction. "You are sitting there, hearing my voice, and as you hear my voice you can

feel yourself relaxing more deeply." The pacing clauses ("sitting there, hearing my voice") anchor the subject in observable reality. The leading clause ("as you hear my voice you can feel yourself relaxing more deeply") guides the experience.

The key principle: pace before you lead. Never lead without pacing first. If you lead without pacing, the critical faculty detects the shift and resists. If you pace, then lead, the mind follows naturally because the lead feels like a continuation of what is already true.

Igor Ledochowski described the learning process for conversational hypnosis as building skills incrementally. You start with a single power word -- "because" -- and use it deliberately in ten conversations per day. You notice what happens. Your mind becomes sensitized to when "because" produces influence. Then you add embedded commands. Then truisms. Then pacing and leading. Each skill overlays the previous one until you have an elaborate, layered conversational style that operates effortlessly beneath conscious awareness.

Ledochowski emphasized that the key to mastering conversational hypnosis is "to only go as quickly as it remains easy." He gave the example of starting with a single observation skill -- watching for moments when someone naturally drifts into a micro-trance while staring blankly at a screen. Once the hypnotist learns to recognize when trance is already happening, they can hijack it: "As you continue staring at that screen, I want you to remember that report is going to be at the top of your list." The suggestion attaches to an existing trance state, so there is no need to induce; with no induction, there is nothing for the critical faculty to detect.

PART II: THE MILTON MODEL -- THE LANGUAGE OF HYPNOSIS

The Milton Model, named after Milton Erickson, is the set of linguistic patterns that Erickson used to induce trance through language alone. It was reverse-engineered by John Grinder and Robert Dilts from recordings of Erickson's sessions. These patterns create ambiguity in speech, forcing the listener's mind to search for meaning internally, which produces trance. George Hutton's *Covert Hypnosis* guide systematically organized these patterns into a training manual, and the Rogue Hypnotist's *Forbidden Hypnotic Secrets* described many of them as tools for waking hypnosis.

Mind Reading

Mind reading is the pattern of stating assumed truths about the subject's inner experience. "You are wondering if this will work for you." "You have felt this before, somewhere." "You are curious now about what happens next." The subject's mind checks: "Am I wondering? Yes, I am." The mind reading is accepted as accurate because the subject can verify it internally, even if the statement is deliberately vague.

The Rogue Hypnotist emphasized that mind reading works because it forces internal checking. When the hypnotist says "You can feel warmth spreading through your hands," the subject looks inward to verify and, in doing so, produces the warmth. The statement creates the experience it describes.

Cause and Effect

Cause-and-effect statements link two unrelated events with "because," "and," "as," or "when." "As you listen to my voice, your eyelids grow heavy." "Hearing my tone, you can slip deeper." "You breathe out, and with each out-breath you relax." The mind accepts the link between the two clauses as causal, even though the causation exists only in the hypnotist's language.

The Rogue Hypnotist described various forms: "X causes Y" ("Participating in this exercise will cause you to lose weight"), "X leads to Y" ("Exercise naturally leads to easy weight loss"), "The more X, the more Y" ("The more you exercise, the more weight you'll lose"), and "X is naturally followed by Y" ("Relaxation is naturally followed by trance"). Each variation softens the cause-effect link, making it harder for the critical faculty to refute.

Complex Equivalent

A complex-equivalent statement equates one thing with another. "You closing your eyes means you are relaxed." "Your breathing is slow and that means your unconscious mind is ready to learn." "Your fingers twitching means you are going deeper." The subject experiences one thing (eye closure, slow breathing, finger twitching) and the hypnotist assigns it a meaning (relaxation, readiness, depth). The mind accepts the meaning because the hypnotist's authority frames the interpretation.

The Rogue Hypnotist used complex equivalents extensively: "That image can turn to black and white and fade off into the distance until it vanishes completely" -- equating the visual fading of a mental image with the deepening of trance. Hutton also described how to take a person's implied complex equivalent and redefine it: if a subject says a college degree is needed for business success ("no degree means not good in business"), the hypnotist counters "not having a college degree means you've had more time in the real world, which is better for business."

Nominalizations

Nominalizations are abstract nouns derived from processes. Words like "hypnosis," "relaxation," "learning," "healing," "transformation," "depth," "awareness," "confidence," "success," "realizations." When spoken, nominalizations have no concrete referent. The mind must search internally for meaning. This search produces trance.

The Rogue Hypnotist noted that nominalizations are particularly powerful when combined with cause-effect: "The more **learning** takes place, the deeper your **relaxation** becomes." The subject's mind searches for what "learning" means, what "relaxation" feels like, and in searching, produces both.

Hutton warned against using too many nominalizations in a row, which makes the speaker sound like "some new age crazy person." Instead, nominalizations should be mixed into ordinary speech so that hypnotic language flows in and out of the conversation naturally.

Unspecified Verbs

Unspecified verbs leave out the subject, object, or manner of an action. "People can learn deeply from this." "Things change." "You can feel it happening." "It will take effect." The mind fills in the blanks: people who? Things change how? You feel what? It takes effect where? The filling-in process is hypnotic because it requires internal searching.

Hutton observed that unspecified verbs are also useful for marketing: "Many people have discovered that with the right method, they can easily lose the weight they want. We here at ACME produce several products that can help you along." The listener links ACME products with successful weight loss even though the hypnotist never said "ACME products cause weight loss."

Lack of Referential Index

A lack-of-referential-index statement uses pronouns without clear antecedents. "One can feel relaxed." "They say you can go deeper." "It just happens." The subject's mind searches for who "they" refers to, what "it" refers to, and in doing so, accepts the statement uncritically.

The infamous "they" -- "They say you should always learn more" -- is a lack-of-referential-index device. Who says "they"? Nobody specific. The listener's mind supplies an authority figure: respected doctors, smart friends, successful people. The statement gains authority through vagueness.

Comparative Deletion

Comparative deletion removes one element of a comparison. "This is better." "You are deeper now." "It gets easier." Better than what? Deeper than what? Easier than what? The missing comparison forces the mind to supply its own standard, which makes the statement personal and individually true.

Tag Questions

Tag questions append a short interrogative phrase to a statement: "...isn't it?" "...don't you?" The Rogue Hypnotist used tag questions to maintain conversational rhythm: "That is quite right, isn't it? You can see that happening, can't you? It feels comfortable, doesn't it?" Each tag draws verbal agreement, building compliance momentum.

Hutton described the "yes set" using tag questions: asking a series of questions, getting the client saying "yes" to each, and slowly leading them to the sale or decision. "People like to be successful, don't they? Because with success comes a lot of other unexpected pleasures, as I'm sure you well know. And we all like pleasure, don't we?"

Double Binds

A double bind presents two choices that lead to the same outcome. "You can go into trance slowly or quickly, and either way you will enjoy the same pleasant absorption." "You can close your eyes now or in the next few seconds, and either way your relaxation deepens." The critical faculty evaluates the options, finds both lead to the same result, and stops evaluating, allowing the suggestion to pass through.

Hutton's classic example: "So, you've sent us a postcard asking for more information. Which is better for you, next Thursday at 8 PM, or next Wednesday at 6:30?" Either choice leads to the hypnotist visiting the client's home. The choice is between two times, not between visiting at all and not visiting. This gives the illusion of choice while ensuring the outcome.

PART III: STREET HYPNOSIS

Street hypnosis is the practice of inducing trance and demonstrating hypnotic phenomena with strangers or acquaintances in public spaces: on the street, in a shop, at a bus stop, in a park, on a train. It requires no equipment, no chair, no dim lights. It requires only the ability to capture attention, deliver suggestion, and read the subject's responses.

Anthony Jacquin defined the street hypnotist's basic process: "Intro => Induction => Suggestion => Awakening." This four-phase structure mirrors every hypnotic session, compressed into sixty to one hundred twenty seconds.

Jacquin's book describes how he survived a month in London using only impromptu hypnosis: he walked into a suit shop, told the staff he was a hypnotist who needed a suit for a big show, and walked out wearing a suit while the assistant stood with his head on the counter in trance. In a hotel, he told the assistant manager he had a room and received the key without memory of handing over cash. In a coffee shop, he had the manager running back and forth making coffee. Every effect used rapid induction combined with direct suggestion -- no formal pretalk, no setup, just hypnosis.

The Introduction

The introduction is the opening exchange between hypnotist and subject. In street hypnosis, it serves three purposes: it establishes who you are (a hypnotist, or someone who can hypnotize), it captures the subject's interest, and it gains consent to proceed.

Jacquin described his standard approach: walk up to someone, introduce yourself, and say "I'm a hypnotist. I can prove it to you if you'd like." Some subjects respond immediately. Others look skeptical. Some walk away. The key is to remain confident regardless of response. Your attitude communicates that you expect them to go into trance; if you doubt, they doubt.

The Rogue Hypnotist identified the "walk-up approach" as the most direct: "Hey, what's your name? I'm a hypnotist. Can I give you a free session? I bet I can make your arm go numb in thirty seconds." Direct, engaging, and framed as a demonstration rather than a therapeutic session.

Douglas Flanagan's *Rapid Street Hypnosis* emphasized that the introduction sets expectations. When you tell someone you are a hypnotist, their mind immediately creates images of what hypnosis looks like -- some images are welcoming, some are fearful. Your introduction should quickly dispel fear and increase expectancy: "You'll be fully awake the whole time. You can hear everything I say. You won't say anything funny. It's actually quite pleasant."

Flanagan described his own experience: the night before going to London, he and his partner didn't know how they would approach strangers. "It was out of my comfort zone. I was in at the deep end." The first attempt was nerve-wracking. But once the induction worked and the subject dropped

into trance on Regent Street outside a suit shop, everything changed: "It rapidly became apparent that we didn't need to use mentalism at all. It was just a case of how can you engage people in getting involved in the hypnosis?"

Selecting Subjects on the Street

Not everyone on the street is equally hypnotizable at any given moment. The skilled street hypnotist learns to read bodies quickly.

Signs of good suggestibility in strangers: - **Eye contact:** People who hold eye contact, look curious, or look back at you after passing are receptive. - **Body orientation:** Someone facing toward you (even slightly) is more open than someone angled away. - **Stillness:** People standing still, not in a hurry, are more likely to accept interruption. - **Smiling or open expression:** An open, relaxed face indicates lowered resistance. - **Solo vs. group:** Solo individuals are easier approaches than groups. With groups, you select the most relaxed or most engaged person.

Signs of resistance: - **Rushing:** Someone walking fast, checking a watch or phone, is a poor subject. - **Headphones on:** Auditory absorption reduces suggestibility. - **Distracted:** Someone engaged in a phone conversation or deep thought. - **Skeptical expression:** Furrowed brow, arms crossed, body leaning away.

Flanagan observed: "You can be doing hypnosis within 20 seconds of meeting a complete stranger." You do not need a springboard of card tricks or mentalism (as many stage hypnotists use). Hypnosis itself is "so powerfully attractive to people's minds and the concept itself is so captivating that assuming you have a reasonably social personality and you're approaching the right way, you can be doing hypnosis within 20 seconds."

Cold Approaches

A cold approach means approaching a stranger with no prior introduction or context. The Rogue Hypnotist described the most effective cold approach: "Excuse me, what's your name? I'm doing a demonstration of hypnosis. Can I give you a freebie? Thirty seconds and I'll prove I can hypnotize you."

Key elements: "Excuse me" (polite), "What's your name?" (personalization), "Freebie" (no cost, no obligation), "Thirty seconds" (specific, brief), "Prove" (demonstration, not therapy).

Jacquin's cold approach was bolder: walk up, say "Hi," hold eye contact until the subject looks slightly uncomfortable (six to eight seconds), then say "In a moment I'm going to count to three and your eyes will close. One... Two... Three..." If the subject's eyes close (which many do from the lengthened gaze alone), proceed with suggestions. If not, laugh and move on.

Flanagan's most successful cold approach: walk up to someone and say "I'm a hypnotist. Can I hypnotize you?" When they say yes (as they almost always

do), go straight into a rapid induction. The majority of people who agree to be hypnotized will go under within seconds because they have already psychologically committed to the experience.

PART IV: IMPROMPTU INDUCTIONS

Impromptu inductions are rapid techniques that produce trance in seconds with eyes open. They are essential for street and conversational hypnosis because they do not require the subject to close their eyes, sit down, or change position. Jacquin described his entire *Reality is Plastic* system as built around impromptu inductions, and the Rogue Hypnotist's books describe multiple rapid methods tested on real subjects on real streets.

The Set Piece: Magnetic Fingers

Magnetic Fingers is often the first technique used with a new subject. The subject places their index fingers about one inch apart in front of them. The hypnotist instructs: "Look at the gap between your fingers. Concentrate. In a moment your fingers will come together and touch, just like magnets."

The physiological mechanism: when the subject squeezes their hands together, the tendons in the index fingers are pulled inward, causing them to move together automatically. Ninety-nine percent of people succeed, often within seconds. The subject experiences the finger movement as hypnotic because they are not told about the tendon mechanism.

Jacquin described presenting Magnetic Fingers with confidence: rapid pace, direct suggestion, bright tone. "Look at the space... your fingers are twitching now... closer and closer... they're touching... brilliant! That shows me you can concentrate." He recommended getting the fingers together swiftly -- within two to twenty seconds -- and moving on quickly to build momentum.

Jacquin emphasized not making the physiological mechanism too obvious: "Do not mention squeezing the hands. Just use suggestion. Be The Hypnotist, this is often your first real chance to do something with your subject, make it count." His scripting for the exercise: "Now look at the gap between those fingers, not my fingers, just your fingers, and concentrate, because in a moment your fingers will come together and touch, just like they are magnets, that's it, they are starting to twitch, closer and closer and as soon as those fingers touch you can allow your eyes to close and relax."

The Set Piece: Magnetic Hands

Magnetic Hands builds on Magnetic Fingers. The subject places their hands out in front of them, palms facing each other. Eyes close. "Imagine two powerful magnets strapped to your palms, pulling them together. The gap shrinks... the magnets get stronger... your hands are touching now... your head is dropping forward... deep relaxation."

The hypnotic depth achieved with Magnetic Hands is greater than Magnetic Fingers because it uses imagination and eye closure simultaneously. The subject's mind absorbs the suggestion more deeply when visual imagination and physical response cooperate.

Jacquin's script: "In a moment I will ask you to concentrate just like you did on your fingers, only this time I want you to really use your imagination, so

in a moment I will ask you to close your eyes. I'll ask you to place your hands out in front of you… close your eyes and imagine you have two powerful magnets strapped to the palms of your hands pulling them together. When they touch, your head can simply fall forward as you relax." He continued: "They are already starting to go. Imagine that magnetic force is getting stronger, the closer they get the stronger it becomes, just like when as a child playing with magnets you felt that magnetic attraction. I know it is difficult to tell exactly when they are going to touch but I can assure you they are going to touch. Now let your hands drop down as your head drops forward onto your chest and relax. Excellent. Now open your eyes, you have a powerful imagination."

Magnetic Hands logically follows Magnetic Fingers as it involves "magnetic" forces and parts of the body moving automatically without conscious effort. It builds upon the subject's successful demonstration that they can concentrate by asking them to concentrate again and use their imagination.

The Set Piece: Stiff Arm

The subject extends one arm. The hypnotist lifts it, lets it drop (it should fall stiffly, not floppily, indicating muscle tone rather than relaxation), and suggests: "Your arm is getting stiffer. Straighter. Raising up on its own. Your unconscious mind is making it rigid. It won't bend. It won't droop. It is rigid like polished steel." The arm rises slowly, often several inches, as the subject's unconscious mind produces muscle rigidity.

The subject tries to push the arm down. It resists. The failure to move it is experienced as proof of trance. The hypnotist then gives a fractionation command: "Your arm rises higher… higher… and now it drops and your eyes close and you go deeper."

Eye to Hand Fixation

This is an induction and a set piece combined. The subject raises their hand, palm facing them. Eyes focus on the underside of the hand. "Look at your hand. Do not look away. As you look at your hand your eyes grow tired. Your hand grows fascinating. You want to keep looking but your eyes are getting heavy. Each blink makes them heavier. You can try to keep them open but they want to close. When they close you will go into trance."

The subject stares at their own palm. Blinking slows. Eyelids grow heavy. Eyes close. Trance begins. The fixation on an internal point of reference (one's own hand) is inherently hypnotic because it narrows attention to a point within the subject's own body. The Rogue Hypnotist described eye fixation as the original mechanism of hypnosis: staring at a candle flame, a bright object, or a point that produces mental absorption through sustained visual focus.

The Handshake Induction

The handshake induction is the most famous rapid induction. The hypnotist extends a hand for a handshake. As the subject grasps, the hypnotist pulls gently toward the face while simultaneously pushing the thumb between the

subject's closed eyelids. The subject's eyes are forced shut. The hypnotist says "Sleep" and guides the subject into trance.
Mechanism: the pull toward the face captures visual attention. The handshake grip captures motor compliance. The thumb push on the eyelids forces closure (a biomechanical effect: the frontalis muscle pushes the eyebrow up, the orbicularis oculi resists by closing the eye). The word "Sleep" provides the suggestion. By the time the subject notices, their eyes are closed and their mind is in trance.
A variant: instead of the thumb push, the hypnotist pulls the subject's grasping hand upward across their face as it is pulled toward the face. The subject's arm passes across their eyes, triggering closure. The hand is then guided down to the shoulder, and the subject drops into trance.
The Rogue Hypnotist's variant: "I'm going to take that hand and turn that palm toward your face, and I want you to focus on my left eye" (while pointing to the opposite eye). The subject looks at the wrong eye with confused attention, and the hypnotist says "SLEEP" while throwing the arm down. The combination produces instant trance.

The Instant Induction (Elman's Hand-to-Forehead)

The subject opens their eyes and looks at the hypnotist. The hypnotist reaches forward, places two fingers on the subject's forehead, and pushes gently upward while saying "Sleep." The upward push on the forehead causes the orbicularis oculi muscles to contract, closing the eyes. Combined with the command "Sleep," the subject enters trance instantly.
The mechanism: when the subject is asked to open their eyes and look at the hypnotist, their focus is external. The hypnotist reaches toward the subject's face, and the subject's attention locks onto the approaching fingers. At the same time, the hypnotist pushes gently upward on the forehead and says "Sleep." The upward push makes it physically difficult for the eyes to stay open. Combined with the command "Sleep," which the subject's critical faculty receives just as the visual focus is locked, the eyes close instantly.
The instant induction is dramatic and reliable. It works because it captures attention externally and produces a physical response simultaneously. The subject's mind, startled and absorbed in the moment, surrenders to suggestion before the critical faculty can evaluate it.

The Jacquin Power Induction

The Jacquin Power Induction uses magnetic palms with fractionation. The subject places palms together. The hypnotist's fingers are placed between the palms and pulled apart. "Now let your palms snap back together… and the more they snap together, the deeper you go." Fractionation cycles follow: palms open, palms snap together, deeper each time. The hypnotist then says: "And when your hands lock together this time, your eyes will close and you will go into deep trance."

The Rehearsal Induction

The rehearsal induction uses imagination as the induction itself. The hypnotist speaks quickly: "Imagine I have just hypnotized you. Feel your body relaxed. Feel your eyelids heavy. Now imagine I am counting backwards from ten to one. Each number takes you deeper. Feel yourself in trance... completely absorbed." The subject's mind has rehearsed the induction; when the real induction proceeds, it feels familiar and effortless.

The Five-Second Induction

The five-second induction compresses all four phases of induction into a rapid sequence: "In five seconds you will be deeply hypnotized. Four seconds -- feeling yourself relaxing. Three seconds -- your critical mind stepping aside. Two seconds -- your unconscious taking over. One second -- already there, deeply relaxed, deeply focused, deeply hypnotized."

The five-second induction works because it compresses expectation, attention narrowing, critical faculty bypass, and depth into a single rapid sequence. The subject's mind, receiving all four phases almost simultaneously, produces a rapid and deep response.

The *Rapid Street Hypnosis* guide described a nine-step power induction process: (1) Set an authoritarian framework, (2) Tell them to adjust physically, (3) Explain that responses are subconscious, (4) Hold or manipulate part of their body, (5) Tell them whatever happens will be pleasurable, (6) Tell them to focus on something while indicating they focus on something else (confusion), (7) Command them to sleep, (8) Do something physically to symbolize sleep entry. This formula lies behind about 90-95% of all rapid inductions.

PART V: THE SET PIECE -- WAKING HYPNOSIS EXERCISES

The "set piece" (Jacquin's term) is a sequence of physical exercises that demonstrate hypnotic phenomena before or during the induction. These exercises are drawn from classic waking hypnosis and serve multiple purposes: they test suggestibility, they demonstrate The Hypnotist's power, they fire up the subject's imagination, and in many cases they constitute the induction itself.

Jacquin wrote: "Set Pieces are often thought of and used as tests of how responsive to suggestion the subject is. The Set Piece gives The Hypnotist an opportunity to observe the subject under direction, gather information and assess their suitability as a subject. Just as importantly, it gives the subject an opportunity to experience The Hypnotist's power of suggestion and influence and their own ability to cooperate."

Some hypnotists do not use set pieces. One reason: "if the subject fails to do what is asked of them, then it is more difficult to hypnotize them." Another: many of the techniques have a physiological/mechanical reason why they work, so some hypnotists believe they are being dishonest. Jacquin's response: "Just use them and any other trick necessary to excite the imagination."

Magnetic Fingers, Magnetic Hands, Stiff Arm

Already described in the impromptu inductions section. These three form the core of the set piece sequence: fingers (easiest, highest success rate), hands (intermediate, adds imagination), stiff arm (advanced, demonstrates physical phenomena).

The Handshake (Physical Test)

Different from the handshake induction, this is a set piece exercise. The subject shakes hands. "Grip my hand firmly. Now I will pull you slightly toward me. You feel the pull. Your body responds to my pull. As you lean toward me, your eyelids grow heavy. You feel a wave of relaxation coming over you. It starts at your shoulders and flows down through your entire body. And as that wave moves through you, your eyes close naturally."

Magnetic Palms

The subject presses palms together. "Feel the magnetic pull between your palms. They are drawn together. As they press together, warmth builds. That warmth travels up your arms into your chest. You feel calm. Focused." The hypnotist pulls the palms apart slowly; when released, they snap back together with force. The snap produces a moment of shock, which narrows attention, and the hypnotist uses it: "And now your eyes will close and you can go deeper."

Catalepsy Testing

Once a subject has passed magnetic exercises, the hypnotist tests arm catalepsy: "Your arm is floating up on its own. It stays where you put it. Your unconscious mind is in control. I can move this arm and it stays exactly where I put it." The subject's arm is lifted to various positions and remains. This produces "waxy flexibility" -- a clinical term for catatonia -- and demonstrates that the subject's muscles are balanced between agonist and antagonist groups, holding position without conscious effort.

Jacquin noted that catalepsy is "one of the foremost examples of hypnotic phenomena." It serves as convincer, induction method, routine, ideomotor communication tool, and leverage to other phenomena. "When using catalepsy, you could either induce trance first and then suggest eye, hand, arm or full body catalepsy, or incorporate creating catalepsy as part of the trance induction itself."

PART VI: RAPID INDUCTIONS FOR STREET AND IMPROMPTU

The Overload Induction

The overload induction overwhelms the subject's attention with a rapid cascade of commands, creating a moment of mental confusion from which trance emerges.

Script: "Close your eyes and count backwards from ten to one and as you count you can feel your arms getting heavy and your breathing getting slower and your mind going quiet and on one your eyes will close and you will be deeply hypnotized."

The subject's analytical mind tries to process the multiple simultaneous instructions, fails to keep up, and surrenders. The command "the moment I snap my fingers your eyes will close" at the end is received directly by the unconscious.

The Confusion Induction

The confusion induction overwhelms the analytical mind by presenting a stream of statements, questions, commands, and observations so dense and rapid that the critical faculty cannot keep up. When the analytical mind gives up, the subject's mind naturally surrenders to suggestion.

The Rogue Hypnotist described a confusion induction: "You may be wondering if this will work for you or if you are the kind of person who cannot be hypnotized or maybe you think that you can but maybe you cannot and if you think you cannot you might be surprised to find that you can while on the other hand if you think you can you will find that you can because every time someone closes their eyes they go deeper even if they do not know it and when their eyes are closed they become more suggestible and when they are more suggestible they accept more easily what I say and when they accept what I say they begin to relax more deeply and when they relax more deeply they become more absorbed and when they are more absorbed they cannot tell anymore whether their eyes are open or closed because it makes no difference because their mind is so busy processing everything I am saying that the only thing left to do is let go and sink deeper."

The Spinning Induction

The subject stands. The hypnotist stands slightly behind. "Spin around three times clockwise and on three stop and close your eyes and drop." The spinning disrupts vestibular orientation, creating mild disorientation. The command "close your eyes and drop" is delivered at the peak of disorientation, when the analytical guard is lowest. The subject drops into trance, often swaying slightly, eyes closed.

The Shock-Confusion-Sleep Sequence

1. **Shock:** Ask the subject to open their eyes and look at you. Suddenly point your finger near their face (but not touching) and say "Now!"
2. **Confusion:** "Yes now! That's right, right now! Look at my finger, hold it there, don't blink, don't move, just look and I'm going to count from five down to one and each number takes you deeper into trance and you will forget everything between five and one and when I snap my fingers your eyes will close and you will go into the deepest trance you have ever experienced."
3. **Sleep:** Count rapidly: "Five... four... three... two... one..." [Snap fingers] "Sleep!"

PART VII: DEEPENING WITH EYES OPEN

One of the distinctive features of conversational and street hypnosis is that deepening can occur with the subject's eyes open. This is critical for street performances and real-world applications where the subject must remain aware of their environment.

The Deeper-Every-Breath Deepener

"As you continue to look around you, noticing what is happening in the world outside, inside you can go deeper and deeper. Every breath takes you deeper. Every sound around you pulls you deeper. Every thought that passes through your mind leaves you deeper. You are fully aware of the world outside and fully absorbed inside at the same time."

The Conversational Deepener

"You can hear me speaking and you can hear the world around you, and both sounds -- my voice and everything else -- can pull you deeper at the same time. The more you hear around you, the deeper you go. The more you see around you, the deeper you sink."

The Distraction Deepener

A variation of the conversational deepener. When an external distraction occurs (a loud noise, someone walking past, a siren), the hypnotist uses it: "And that sound just pulled you deeper. Every sound pulls you deeper. Every movement you see takes you deeper. You are not distracted from trance. The world around you deepens your trance."

The Rogue Hypnotist emphasized: "The deeper you go, the more you hear takes you deeper. The more you see takes you deeper. The world becomes the deepener."

The Word-Trigger Deepener

A specific word is embedded with hypnotic meaning. "In a moment I will say a word, and when I say it, you will go three times deeper. Ready?" [Pause] "POMEGRANITE!" The subject, having been pre-suggested, drops deeper when the word is spoken. The Rogue Hypnotist repeated it three times with escalating intensity. The word itself is irrelevant; what matters is the triple repetition, the escalating intensity, and the subject's expectation that each repetition produces deeper trance.

PART VIII: HYPNOTIC PHENOMENA IN STREET HYPNOSIS

Once the subject is in trance, the street/impromptu hypnotist demonstrates phenomena. These are the "routines" that make the experience memorable and convincing. The Rogue Hypnotist observed that "the best 'convincer' is that the person being hypnotized feels that they are hypnotized." Physical phenomena provide objective evidence of this feeling.

Hand-to-Wall Stick

The subject extends an arm and places their palm flat against a wall. "Your hand is sticking to the wall. Like glue. Like a magnet. You can try to pull it away but it won't come. It is locked there by your unconscious mind. And the longer you try, the more it sticks." The subject pulls. The hand does not move.

Jacquin described this as a core routine: "You can stick someone's hand to the wall, stick their hand to their forehead, or stick their feet to the floor. It's simple direct suggestion that works every time."

Name Amnesia

"I'm going to ask you your name. You will know it. But the moment I ask, for the next thirty seconds, you will not be able to remember it. Your mind has forgotten. Your name is gone. What is your...?" The subject pauses, searches, and cannot produce their name. The hypnotist: "In three seconds your name will return. Three... two... one... your name is back."

The Rogue Hypnotist tested this extensively in street hypnosis. Subject: "Hi, I'm... uh... I'm... my name is... it's on the tip of my tongue... Sarah?" Hypnotist: "Sarah. Exactly. Three seconds ago you didn't know it. Now you do. Your unconscious mind holds all your memories."

Body Part Amnesia

"Your left hand has forgotten how to move. It is limp. Forgetful. When I count to three it will drop and stay limp and you will not be able to lift it. Three... two... one... your left hand is gone. Try to lift it. It won't go." The subject tries. The hand remains limp.

Invisibility

"I am going to count to three and when I reach three you will open your eyes and you will not see me. I will be standing right here, but you will not see me. You will see through me, past me, around me. One... two... three -- open your eyes and look right through me." The subject looks directly at the hypnotist and does not perceive them.

Jacquin demonstrated this in real life, walking around a room while a subject stared at him and could not see him. "You can become 'invisible?' The answer is yes."

The Hypnotic Corpse

The subject's entire body goes limp. The hypnotist lifts their arms, legs, head -- each part stays wherever placed. "Your unconscious mind has taken over your body completely. Your muscles are completely under my direction. You can move me around and you will not resist."
Jacquin described performing this: "Your subject goes completely limp. You can lay them out like a corpse. Their body stays in whatever position you place it. This is full-body catalepsy."

Robbed! (Wallet Pick)

Jacquin demonstrated literally "robbing" a shop assistant: after hypnotizing them with a magnetic palm induction, he suggested "You will hand me everything in the till and not remember handing it over." He received the cash and left. The assistant looked at their empty hands and genuinely could not remember giving anything away.

Watered! *Fed!* Cloaked!

Jacquin had subjects running errands under suggestion: bringing him water, feeding him a snack, lending him a coat. Each is a simple obedience command ("When I snap, you will go to the counter, ask for a glass of water, bring it to me, and forget you did it") delivered in deep trance and executed afterward without memory of the action.

PART IX: READING TRANCE WITH EYES OPEN

In conversational and street hypnosis, the subject's eyes are often open. The hypnotist must read trance indicators visually.

Observable Signs of Trance with Eyes Open

Jacquin identified these signs:

- **Eyelid flickering and fluttering:** The same REM eye movement observed during dreaming. "Often this is quite pronounced in the hypnotized subject and it should be encouraged."
- **Temperature rise:** A change in blood flow visible in some people's skin tone. "A useful sign that their state has changed."
- **Eyes rolling back up in the head:** "If you do not see it happen you may spot the whites of their eyes as their eyelids flicker."
- **Breathing shift:** Sometimes it speeds up but most often the breathing becomes deeper and very steady, similar to when someone sleeps peacefully.
- **Increased lacrimentation:** More moisture around the eyes. If open, they appear glazed.
- **Heavy head:** With the slightest encouragement, the neck relaxes and the head cannot be lifted.
- **Reduced blinking:** Blink rate drops significantly.
- **Pupil dilation:** Pupils enlarge from autonomic shift.
- **Facial relaxation:** Jaw unclenching, forehead smoothing.
- **Stillness:** Reduced micro-movements.

The Rogue Hypnotist added: "Look into someone's eyes till their reality orientation gets fidgety -- they might look nervous or slightly fearful. As you continue your hypno-gaze two things will probably happen. They will let out a sigh or their eyes will glaze and trance out. That is the sign you got them."

Flanagan observed: "People can detect being stared at even if they cannot see the person staring! The subconscious detection mechanisms are so powerful that they can detect the force of being watched." Holding steady eye contact for six to eight seconds (longer than the normal social burst of two to three seconds) makes most subjects briefly uncomfortable, which narrows their attention and produces micro-trance.

Testing the Work

Jacquin: "The easiest way to tell if someone is hypnotized is to give the subject a suggestion and see if they follow it. Instantly and to the letter would be great. In other words, test your work." If they respond correctly to a test suggestion (arm levitation, hand catalepsy, eye closure), induction has worked.

The subject will often say they felt "just relaxed" and "not hypnotized." This is because hypnosis is not a feeling. The subject acts on suggestions

unconsciously. Their conscious mind registers normal experience. As Jacquin wrote: "There is no such feeling as being hypnotized."

PART X: THE AWAKENING

The awakening (or exduction) terminates the trance and returns the subject to normal waking consciousness. In street hypnosis, the awakening should be positive and leave the subject feeling energized.

The standard awakening: "In a moment I will count from one to five. When I reach five you will open your eyes, feel alert, refreshed, and wonderful. One -- starting to come back. Two -- energy flowing back into your body. Three -- mind clear and sharp. Four -- eyes growing light and ready. And five -- eyes open, wide awake, feeling great!"

The Rogue Hypnotist's energized awakening: "One! Two! Three! Open your eyes and feel fantastic! Shake your hands! Take a deep breath! You are amazing!" The rapid count and exuberant tone produce an energetic emergence.

The Betty Erickson Induction (as shared by the Rogue Hypnotist) uses a formal awakening: "I am now going to count from 1 to 3 and on 3 you will be fully wide awake, back to full waking consciousness feeling fantastic! One, more aware of your body and the room around you! Two, all unnecessary relaxation leaving the body, feeling wide awake and totally re-energized! And you can open your eyes feeling great! Three!"

For street hypnosis with subjects who may feel slightly disoriented: "Take a moment. Stand up slowly. Shake your hands. Feel perfectly normal. You can remember everything that happened. You feel good. You feel light."

PART XI: ADVANCED CONVERSATIONAL TECHNIQUES

Blurred Reality

Blurred reality is a storytelling technique where the hypnotist speaks about someone or something else while simultaneously directing the suggestion to the listener. "My friend John came to me the other day and he was wondering if he could relax deeply in just thirty seconds. And I told him, John, you can close your eyes and go into trance right now, whether you are talking to me or not, because your unconscious mind does not care who you are talking to, it only cares that you are ready."

The subject hears a story about "John" but the suggestions ("close your eyes and go into trance," "your unconscious mind does not care who you are talking to") are directed at them. If challenged ("I wasn't talking to you"), the hypnotist has plausible deniability: "No, I was talking about John."

The *Hypnotic Seduction* guide described blurred reality in detail: the character in the story is doing something, but the hypnotist's eyes, tone, and slight gestures blur the identity of the character with the listener. "And then John looked at the woman across from him and said, 'Come home with me,' and she felt a wave of warmth spread through her chest." The hypnotist says "Come home with me" while making slight eye contact with the listener -- is John speaking, or is the hypnotist? The mind cannot decide, and the suggestion lands deeply.

The guide's classic example: "See that guy? He's really crazy. He'll walk right up to some girl he doesn't even know and say, 'You are so gorgeous, I'd love to give you orgasms all night long.' What do you think?" As he says "You are so gorgeous" he looks directly at the girl -- is he quoting his friend, or speaking to her? She cannot decide, and the suggestion "you are gorgeous, I want you" lands in her mind.

Nested Loops (Broken Stories)

Nested loops are stories that are interrupted before resolution and followed by another story, also interrupted, then returned to the first. The technique keeps the listener's attention fixed because the brain craves closure and does not release the incomplete loop.

The *Hypnotic Seduction* guide explained: "So long as you shift before the inflection point where you deliver the punchline, the mystery is solved, or the issue is resolved, it will be very hard for them to NOT pay close attention." The subject's mind remains locked because part of them still needs closure on each open loop.

The hypnotist tells story one (three scenes), breaks it off, tells story two (three scenes), breaks it off, tells story three (full five scenes, complete), then returns to story two (two remaining scenes), then returns to story one (two remaining scenes). The complete middle story (story three) is delivered while the subject's attention is fully occupied by the unresolved outer loops.

The suggestion hidden inside story three lands most deeply because the conscious mind forgets the content of the middle story but retains the feeling and the embedded suggestions.
The Rogue Hypnotist's nested-loop example: "So I was at this coffee shop the other day and a woman came in looking completely stressed, and her phone was ringing and she sat down and started telling me about this problem she'd been having with her husband and how he never listened to her, and she said 'I feel like I'm talking to a wall,' and that reminded me of a patient I had last week who was the same way, an architect named David who was going through a divorce, and he came into my office and he was so anxious that his hands wouldn't stop shaking, and he said 'I can't focus, I can't think straight,' and I told him, '**in a moment you're going to sit in that chair and your hands are going to stop shaking** because your unconscious mind knows how to calm you down,' and he sat down and on the count of three his hands went still and his breathing slowed, and I told him, '**the deeper you breathe the calmer you feel**,' and David closed his eyes and his hands were perfectly still, and meanwhile the woman at the coffee shop was still talking and her phone kept ringing and she kept saying 'He never listens,' and I thought, how many times have we all said that to someone who is standing right in front of us?"
Story one (coffee shop woman) and story two (David) are interwoven. Embedded in story two are suggestions ("hands stop shaking," "deeper you breathe, calmer you feel") that apply to the street subject listening. The subject retains the feeling of calm without remembering the David story content.

Future Pacing

Future pacing installs a suggestion that will activate in a future situation. "Tomorrow morning when you wake up and reach for your phone, you will suddenly feel calm. Just for no reason. You will wonder why you feel so calm. It is because your unconscious mind is remembering this session." The future trigger ("reach for your phone") is linked to the desired state ("feel calm").

PostHypnotic Gaze

The hypnotist's gaze becomes a trigger for trance. During the initial induction, the subject drops into deep trance while the hypnotist holds eye contact. The connection is: hypnotist's gaze = trance. Later, in conversation, the hypnotist holds eye contact for six seconds, and the subject's eyes glaze slightly. The gaze alone has triggered trance.
The Rogue Hypnotist described the hypnotic gaze: "Look calmly into someone's eyes till their reality orientation gets fidgety. They might look nervous or slightly fearful. They will let out a sigh or their eyes will glaze and trance out. That is the sign you got them."

The Hypnotic Gaze (Ledochowski)

Ledochowski described the hypnotic gaze as "one of the most powerful forces of influence without you having to do anything, and I mean this literally." The technique is simple but not easy: hold steady eye contact. People respond to eye sight very powerfully. When you look steadily at someone, their analytical mind processes the social convention of eye contact (two to three seconds), becomes slightly uncomfortable when you exceed it, and at that moment of mild discomfort their attention narrows. If you continue, they will either look away (breaking the connection) or their eyes will glaze (entering micro-trance).

Ledochowski noted: "The less you do the more influential it becomes." You are not doing anything special -- just looking. But the looking itself produces the hypnotic effect. You can then slip in a suggestion while the subject's eyes are glazed: "And as you look at me, you can feel yourself relaxing."

PART XII: CONTEXTS AND APPLICATIONS

The Bus-Stop Story (Ledochowski's Famous Example)

Ledochowski told a story from one of his students: a man was walking to the airport lounge, sat next to a woman shaking with nerves. She had a fear of flying and was taking pills and drinking alcohol to cope. He started talking to her, using basic conversational hypnosis -- a couple of stories, some confusion questions. They ended up sitting next to each other on the plane. Before the captain's announcement, the woman was calm. She looked at him and said: "I don't know what just happened, but I feel great." He had completely transformed her from a physical and emotional wreck into a calm, happy person, using only conversational hypnosis.

Corporate/Office Hypnosis

Walking up to a colleague: "Hey, got thirty seconds? I'll prove hypnosis works." Handshake induction. Stiff arm or name amnesia to prove trance. Awakening. The colleague is amazed. Result: credibility established. The hypnotist can now offer deeper sessions.

Restaurant/Social Hypnosis

At a dinner party: "I'm a hypnotist. Does anyone here not believe in hypnosis?" Volunteer comes forward. Conversational induction with eyes open. Arm levitation or hand-to-wall stick. "Wow, you were hypnotized!" Social proof: others now want to try.

Medical/Dental Hypnosis

The Rogue Hypnotist described waking hypnosis in dentistry: the patient sits in the chair, eyes open. The dentist says: "Look at this light. As you watch the light, your eyelids are growing heavy. With each breath you relax more. You are calm. You are safe. The deeper you relax, the less you feel." Analgesic suggestion given. The patient feels no pain during the procedure. Sports performance: "In the next twenty-four hours, before you step onto the field, you will suddenly feel calm and focused. Like you have prepared for this your entire life. Your body knows exactly what to do. Your muscles move with precision. You are in the zone." The athlete experiences the suggestion as a spontaneous surge of confidence.

Group Waking Hypnosis

Five or more people sitting together. "Everyone, close your eyes and count from ten to one. As you count you go deeper. Everyone at once." All enter trance. Stiff arm test on one person as demonstration. Awakening. The person who went under is convinced. The observers see others in trance, which increases their belief. Jacquin noted: "In countries that don't have stage hypnotists, they don't have hypnotherapists. Stage and street hypnosis are the marketing arm of hypnosis." Group demonstrations create visible proof that accelerates acceptance among observers.

The Suit Shop (Jacquin's First Real Street Session)

Jacquin described walking into a suit shop outside Regent Street in London, told the staff he was a hypnotist with a big show who forgot his suit: "I was the hypnotist in terms of my attitude. The approach was taken care of. I went into magnetic fingers, but I used it as an induction. I said, 'When your fingers touch, close your eyes, sleep.' I just tapped his head forward and he seemed to just go." No testing. He went straight from magnetic fingers into deep trance, gave simple suggestions (hand on head stays there), and the assistant manager sat with her hand on her head until he returned to release her. He "crept up the stairs and walked out in the suit." He returned later. This was the moment that opened "the floodgates" for his street hypnosis career.

PART XIII: COMMON MISTAKES IN STREET AND CONVERSATIONAL HYPNOSIS

Talking too much before induction: Long introductions erode expectancy. Every minute between "I'm a hypnotist" and the induction is a minute of decay.
Incongruent voice: Saying "relax" in a tense, high-pitched voice. The unconscious mind trusts the nonverbal, not the verbal.
Poor subject selection: Approaching someone who is rushing, wearing headphones, or deeply distracted.
Failure to test: Not confirming trance with a physical phenomenon test before giving suggestions. If the subject has not entered trance, suggestions will fail.
Awakening too quickly: Snapping the subject out of trance before they have had positive experiences in it. A subject who emerges from deep trance without receiving suggestions or phenomena feels nothing and assumes hypnosis "didn't work."
Over-explaining: After a subject's arm rises, telling them the tendon mechanism. "Your index fingers are connected to tendons that pull them together." The magic is replaced with mechanics. Better: "Your unconscious mind is powerful. You didn't even have to try."
Forgetting to deepen: Induction without deepening produces light trance. The subject remains easily distracted. Always deepen -- verbally, through fractionation, or through phenomena.
Being the "Mr. Psycho Influence Man": Ledochowski described people who first learn covert hypnosis and become "robotic," sitting there saying "Now, thinking of things *you*, *like*, *me* [point-point-point] are doing here." The artificial shift from regular conversation to "Mr. Psycho Influence Man mode" destroys the covert context. Solution: keep all hypnotic techniques at a level small enough to be natural, so the "blip on the radar screen" is so small that most people ignore it.
Not being The Hypnotist: The subject can sense if the hypnotist doubts themselves. Jacquin: "Your attitude, persona, and confidence carry more weight than any script or linguistic trick."
Learning too fast: Ledochowski warned: "Only go as quickly as it remains easy." Trying to use all 120 skills of conversational hypnosis simultaneously produces overwhelming cognitive load for both hypnotist and subject. Master one skill, practice it until natural, layer the next.
Using memorized scripts: "Memorization and just regurgitating someone else's story is about as far removed from the Ericksonian process as possible." Conversational hypnosis requires improvisation based on principles, not rote repetition of scripts. The Rogue Hypnotist agreed:

"Don't get hung up on what's actually going on there... most [inductions] are a vehicle to deliver suggestions directly or indirectly."

PART XIV: LEARNING CONVERSATIONAL HYPNOSIS

Ledochowski's learning system for conversational hypnosis:

1. **Start with one power word ("because")** and use it deliberately in ten conversations per day. Notice what happens.
2. **Build awareness:** Watch people in public spaces. Notice when they drop into micro-trance (staring blankly, zoned-out expression). Recognize that people are constantly popping into trances -- you don't have to induce trance; you just have to recognize it when it's already happening.
3. **Add embedded commands.** Practice putting one embedded command into each conversation. Deliver it with down-tonality and subtle body shift.
4. **Add truisms and yes-sets.** Begin statements with truisms ("You are breathing, you are sitting there, you are listening to me") before leading into suggestions.
5. **Add pacing and leading.** Structure every statement with a pacing clause ("you are sitting") followed by a leading clause ("and with each word you hear, you relax more").
6. **Play with the exercises.** Do the exercise by the book, then try to break it -- go to extremes. Have fun with it. Let your unconscious mind connect what you already know with what the exercise is designed to do.
7. **Add more power words, more Milton Model patterns, more techniques.** Layer skills on top of each other, each becoming natural before adding the next.
8. **Let the unconscious mind drive.** "Your job is not to influence others. Your job is merely to create the situation, the context in which your unconscious mind will do this."

The Rogue Hypnotist added: "You never need to use a convincer to get results." The person being hypnotized feeling hypnotized -- the internal experience of absorption, the shift in attention, the sense that "something is happening" -- is itself the convincer. Physical phenomena (arm lifting, hand sticking) are theatrical flourishes, not requirements.

Jacquin emphasized: "Scripts are not spells and should not be read. It is not the words that do the hypnotising, you do." Regardless of the exact words used, what matters is the hypnotist's belief, attitude, and confidence. "Take ownership of the words. Rehearse over and over until they become part of you. Even if you use the words exactly as they are given, ensure that you take ownership of them."

Summary

Conversational, street, and impromptu hypnosis are the art of producing trance and delivering suggestions outside formal hypnotic settings. They require no equipment, no eye closure, and no prior consent beyond the subject's willingness to engage. They operate through four phases: introduction (establishing identity and capturing interest), induction (producing trance through rapid or conversational methods), suggestion (delivering phenomena or therapeutic content), and awakening (returning to normal consciousness positively).

The techniques span from the simple magnetic-fingers set piece -- which works because hand physiology ensures success ninety-nine percent of the time -- to the sophisticated Milton Model patterns of mind reading, cause-effect, complex-equivalent, nominalization, unspecified verb, lack-of-referential-index, comparative-deletion, and tag-question, all of which embed hypnotic suggestion within ordinary language.

Inductions range from the handshake induction and instant forehead-push induction to the rehearsal induction, five-second induction, overload induction, confusion induction, and spinning induction. Each produces trance within seconds, using the same core mechanism: capture attention unexpectedly, bypass the critical faculty through surprise or confusion, and deliver the suggestion at the moment of maximum receptivity.

Deepening with eyes open is achieved through conversational deepeners ("every sound takes you deeper"), distraction deepeners ("that noise pulled you deeper"), and word-trigger deepeners ("when I say the word, you drop three times deeper").

Phenomena demonstrations -- hand-to-wall stick, name amnesia, stiffness, invisibility, hypnotic corpse -- provide visible proof of trance that convinces both the subject and any observers. The Rogue Hypnotist's examples (robbing a shop, feeding subjects snacks, making assistants forget their names) demonstrate that the possibilities are "endless."

The skilled street/impromptu hypnotist reads trance indicators with eyes open: glossy glazed eyes, reduced blinking, dilated pupils, fixed gaze, delayed responses, facial relaxation, temperature rise, stillness. They select subjects by reading social cues: eye contact, body orientation, stillness, openness. They approach confidently, introduce briefly, induce rapidly, demonstrate clearly, and awaken positively.

Conversational hypnosis operates through power words ("because"), embedded commands, truisms and yes-sets, pacing and leading, blurred reality storytelling, nested loops, future pacing, and posthypnotic triggers. The *Hypnotic Seduction* guide's blurred reality allows the hypnotist to deliver suggestions in two minutes of storytelling, with the listener retaining the emotional impact without remembering the content. Ledochowski's power-word accumulation -- "because" used continuously in

casual conversation -- increases influence because each usage plants a cause-effect association in the listener's mind.

Anthony Jacquin's principle from *Reality is Plastic*: "become The Hypnotist." Speak with absolute confidence. Expect trance. Expect compliance. When the subject senses that The Hypnotist believes they will go into hypnosis, the subject's unconscious mind cooperates.

The Rogue Hypnotist's final teaching: "hypnosis is the influence of the subconscious mind." It does not require a special room, a special chair, or even the word "hypnosis." It requires only attention, suggestion, and the willingness to receive. In street, in conversation, in impromptu moments between bus stops and shop queues -- the unconscious mind is always waiting, always receptive, always ready to respond. The hypnotist's job is simply to speak to it in a language the unconscious understands, and the subject's mind does the rest.

Chapter 12: Stage Hypnosis for Fun

The Spectacle of the Mind

Stage hypnosis is not a therapy session. It is not a quiet room with a comfortable chair and soft music. Stage hypnosis is spectacle the mind on display, performing feats of suggestion that defy ordinary expectations and delight crowds of a thousand people who would never sit still, let alone close their eyes, during a normal day. Stage hypnotism ranks among the most wonderful entertainment mediums, wrote Ormond McGill in *The New Encyclopedia of Stage Hypnotism*, "for it is entertaining, with you observing others doing what you could do. It is a very personal form of entertainment."

A stage hypnosis show takes the individual techniques described in the preceding chapters induction, depth, suggestions, phenomena, awakening and multiplies them across a group of volunteers, arranged in rows on stage, under lights, before an audience that watches with the kind of rapt attention usually reserved for magic shows, comedy acts, and live musical performances. Stage hypnosis is hypnosis turned outward: the normally invisible internal process of trance made visible through arm levitation, hand-to-wall sticking, name amnesia, invisible balloon comedy, catwalk modeling, and opera-singing zombies.

This chapter covers every major element of stage hypnosis for entertainment. It covers the show structure from pre-show rapport through committee selection, mass induction, phenomena routines, and the final mass awakening. It covers the techniques specific to stage hypnosis: rapid mass inductions, elimination tests to select the most responsive subjects, the architecture of a full show script, staging and lighting considerations, and post-show rapport building. By the end, you will understand how to design and run a complete stage hypnosis show of forty-five to sixty minutes that produces laughs, gasps, and standing ovations while keeping every subject happy, safe, and thoroughly entertained.

PART I: THE NATURE OF STAGE HYPNOSIS

What Stage Hypnosis Is And Is Not

Stage hypnosis is entertainment first, hypnosis second. The audience does not care about theta states, ideomotor responses, or the nuances between direct and indirect suggestion. They care about whether the person standing next to them on stage can walk backward like a chicken, sing opera in a croaky voice, or forget their own name while the rest of the audience howls with laughter. The hypnotist's job is to use hypnosis as the engine that drives the entertainment.

Trickshop.com's stage performer guide states a foundational principle: "The purpose of this guide is to teach you how to present a hypnotic act for entertainment purposes. The skills you acquire should be used solely for this purpose. Leave hypnotherapy to trained psychologists and licensed professionals who practice in a clinical setting." Stage hypnotists who attempt to treat smoking, weight loss, or phobias on stage do so at their peril: subjects expect comedy, not cure. The moment a subject expects clinical transformation, they cease laughing and start analyzing, and the atmosphere shifts from entertainment to therapy.

Ormond McGill described the distinction clearly. In his encyclopedia, he wrote that the "hypnotism of the stage is very different from hypnosis in the clinic. With subjects on the stage you wish to create phenomena that are highly entertaining for the audience." The stage hypnotist is not concerned with whether a subject truly experiences a "deep" trance in the clinical sense. A subject who acts as though they are a chicken, singing an opera, or unable to unstick their hand from a wall, while the audience laughs that subject is successfully hypnotized, full stop.

The Power of Expectancy on Stage

The single most powerful factor in stage hypnosis is not rapport, not suggestibility testing, not induction speed. It is expectancy. The subject who comes on stage knows there will be lights, music, volunteers, and a hypnotist holding a microphone. They expect to be hypnotized. They expect odd things to happen to them. They expect to laugh. That expectation does roughly half the work before the first induction begins.

Igor Ledochowski observed in *Conversational Hypnosis Revealed*: "Those countries that don't have stage hypnotists do not have hypnotherapists. They are the marketing arm of hypnosis." Stage performances create visible proof of hypnosis. Observers see people going under, performing phenomena, and waking up laughing and they think, "If they can do it, I can do it too." Expectancy is contagious: the audience's excitement feeds the subjects on stage, and the subjects' responses feed the audience back. The loop accelerates.

The Five Core Requirements of a Stage Show

A successful stage hypnosis show rests on five pillars:

1. **Good Subjects:** The right people chosen from the audience who respond enthusiastically.
2. **Clear Instructions:** Suggestions delivered loudly, slowly, and repeatedly.
3. **Visible Phenomena:** Actions that the audience can see and understand without explanation.
4. **Comedy and Comedy Timing:** Laughter from subjects and laughter from the audience must coexist.
5. **Warm Feeling:** Subjects leave feeling good, not embarrassed, not confused, not annoyed.

Trickshop emphasized these same five pillars: the hypnotist must have "good subjects," "clear instructions," "visible phenomena," "good humor," and "a warm feeling" as closing notes.

PART II: PRE-SHOW PREPARATION

The Pre-Show Chat: Building Rapport Before the Stage

The most important work of a stage hypnosis show happens before the stage. The pre-show chat is the period between inviting volunteers and bringing them to the stage, during which the hypnotist builds rapport, establishes expectations, and screens for responsive subjects.

The pre-show routine typically runs as follows: the hypnotist stands in front of the audience (not yet on stage) and invites a small group of volunteers usually between eight and twelve to come forward. As they approach, the hypnotist speaks to them individually: "What's your name? Good! You look like someone who can be hypnotized. Don't try to be hypnotized just let it happen. You'll be fine." This brief exchange sets expectations ("don't try, let it happen"), builds rapport ("good"), and plants the suggestion of hypnotizability ("you look like someone who can be hypnotized").

The pre-show chat also serves as a screening process. Subjects who eagerly raise their hands, who smile, who make eye contact, who lean forward these are your best candidates. Subjects who shuffle forward reluctantly, who avoid eye contact, who look skeptical these may still work but may need more suggestion. The old-timers knew this well: the best stage hypnotists did not merely pick randomly from the audience; they read body language instantly and invited only those who looked ready.

The Pre-Show Suggestion: The Foundation

Before the stage, before induction, the hypnotist plants suggestions that will govern the entire show. These include:

- "You will have a wonderful time on stage."
- "You will laugh easily when you are hypnotized."
- "When you hear my voice, you will go deeper."
- "You will not mind doing things on stage in front of people in fact, you will enjoy it."
- "When I wake you up, you will feel great and remember everything."

Anthony Jacquin called this the pre-show setup: giving the subjects the foundational suggestions that turn ordinary people into willing entertainment. In pre-show, the hypnotist might also demonstrate a quick waking hypnosis phenomenon: magnetic fingers, hand catalepsy, or stiff arm. This demonstrates that hypnosis works, that the subject can respond, and that the hypnotist is in control.

Jacquin described a famous example: the first time he performed a full street hypnosis demonstration in London, he went straight from magnetic fingers into deep trance in the subject, gave simple suggestions, and the assistant manager sat with her hand on her head until he returned. "This was the moment that opened the floodgates for his street hypnosis career."

On stage, the equivalent pre-show demonstration is often even more dramatic: a subject who volunteers for a quick stiff-arm test, fails to bend their arm, and then laughs in wonder at themselves.

The Stage Setup

Proper staging is not just theatrical; it is functional. The stage hypnosis show requires:

- **Chairs:** Arranged in rows facing the audience, one chair per subject. The chairs should be comfortable, arranged evenly, and have armrests for physical tests if desired.
- **Lighting:** Bright lights on stage make subjects visible to the audience and help subjects see the hypnotist. Dim or colored lights can be used for deepening sequences.
- **Microphone:** The subject microphone (handheld or head-worn) is essential. On stage, the subject's laughter, speech, and reactions must be audible.
- **Music:** Entrance music for the subjects, background music for deepening, and exit music for awakening all help set the mood.
- **Props:** A table for phenomena, a wall or board for hand-stick routines, balloons for comedy, a chair for the "famous opera singer" routine, *etc.*

PART III: GETTING VOLUNTEERS

The Invitation to Come on Stage

The invitation process is the first filter. The hypnotist walks out to applause, speaks to the audience, and invites volunteers. A typical invitation:

"In a moment I'll ask for volunteers from the audience. I need people who are outgoing, who like to laugh, who are willing to do something unusual in front of the crowd. People who aren't afraid to look a little silly for a few minutes. People who trust me."

The key is to invite specific qualities. The hypnotist does not invite "anyone." They invite "outgoing, laughing, willing, trusting people." The people who best fit this description are the ones who volunteer.

Ormond McGill's invitation to the stage often included an explanation of what hypnosis is (a game, a test of imagination, nothing to worry about) and what it isn't (not sleep, not mind control, not a performance of the subject). This pretalk on stage establishes expectations: the audience understands that subjects will be "playing" rather than "performing," and the laughter that follows phenomena is laughter of delight, not laughter of mockery.

Selecting Committee Members

Once ten to fifteen people volunteer, the hypnotist selects the committee usually seven to ten subjects. The selection criteria:

- **Enthusiasm:** Subjects who smile, laugh, wave, and look eager are selected.
- **Physical appearance:** Well-groomed, neatly dressed volunteers appear more photogenic on stage.
- **Diversity:** A mix of ages and genders creates broader appeal. A young man and an older woman produce different comedic effects.
- **Willingness to participate:** People who step forward quickly are more committed than those who hover.

Trickshop noted that the best subjects are "highly suggestible persons those who respond favorably to tests while in the waking state or under light hypnosis [who] are retained for additional tests and progressively induced into deeper levels of hypnosis." The committee selection often includes a brief waking hypnosis test: "Raise your hand if you've ever been hypnotized. Keep it raised if you know someone who has. Now close your eyes and tell me how heavy your arms feel. If your arms are heavy, raise them." Those whose arms rise easily are identified as good candidates.

PART IV: INDUCTION ON STAGE

The Group Hypnotic Mood Induction

The standard approach to stage induction uses a combination of group suggestion, eye fixation, and counting to bring a room of people into synchronized trance. The hypnotist stands before the seated committee and delivers a continuous script that guides them into trance without individual inductions.

Ormond McGill's "Hypnotic Mood" induction is perhaps the most widely used classic method. The subjects are instructed to close their eyes and listen to the hypnotist's voice, which grows steadily deeper through counting and imagery:

"Everyone close your eyes. Settle down comfortably. Notice the sound of my voice. With each breath you take, your eyelids grow heavier. In a moment I shall count from one to ten. At ten, your eyes will be comfortably closed and you will go into a deep state of relaxation and absorption. One feeling calm. Two more relaxed. Three eyelids heavy. Four sinking deeper. Five drifting down. Six thoughts slowing. Seven body heavy. Eight mind quiet. Nine deeper still. Ten asleep, completely relaxed, deeply absorbed."

The key is continuous speaking. The hypnotist never pauses. The voice is calm, steady, and slightly rhythmic. The lighting may dim slightly. Music may fade in. Subjects who were awake at the start are usually deeply absorbed by count ten.

Rapid Mass Induction

For a faster approach, especially with experienced stage hypnotists, a rapid mass induction can hypnotize the entire committee within seconds. The most famous rapid stage induction uses eye contact, a countdown, and a sharp "sleep" command:

"I want you all to look up at me now. Look at my eyes. Keep looking. Four... three... two... one... SLEEP!"

The subjects' eyes, fixed on the hypnotist's gaze, close as the command is delivered. The hypnotist immediately begins deepening:

"Yes, that's it. Down you go. Deeper. Deeper still. All of you. Deep. Sound. Sleep."

Igor Ledochowski described this kind of rapid induction applied to groups: "The less you do, the more influential it becomes." Holding eye contact, counting down, commanding "sleep" that is all. The expectation built during pre-show does the rest. The mass response is dramatic: ten people dropping into trance almost simultaneously, often with eyelid flicker, deep sighs, and heads nodding forward.

The Fractionation Group Technique

After initial induction, fractionation produces deeper group hypnosis. The hypnotist commands:

"In a moment I will snap my fingers and you will all open your eyes. You will look at me, and the moment your eyes meet mine, you will close them again and go twice as deep as before. One, two, three, snap eyes open! ... Look at me! ... Four, five, six, snap eyes closed and twice as deep!"
Fractionation on stage works because the group sees each other open and close their eyes, reinforcing the suggestion for reluctant subjects. The process is repeated two or three times, producing deep somnambulistic trance across the entire committee.

PART V: THE STRUCTURE OF A STAGE SHOW

The Show Skeleton

A typical stage hypnosis show follows a proven structure. The skeleton is consistent across performers from Ormond McGill to Pat Collins to modern TV hypnotists:

1. **Opening (5 minutes):** Welcome, pre-show chat, committee selection, stage seating.
2. **Induction (5-8 minutes):** Mass induction into trance hypnotic mood or rapid method.
3. **Testing (5-8 minutes):** Physical tests to confirm trance depth and identify responsive subjects: arm levitation, hand catalepsy, eyes wide shut, stiff arm.
4. **Routines / Phenomena (20-30 minutes):** The main entertainment the "meat" of the show.
5. **Climax (5-8 minutes):** The most impressive or absurd routine, often involving group participation.
6. **Awakening (3-5 minutes):** Mass awakening, applause, post-show mingling.

The First Group Experiment: Waking Hypnosis Tests

Before deepening further, the stage hypnotist runs waking hypnosis tests to screen subjects and build the show's momentum. These are short, visible, and entertaining:

- **Arm Levitation:** "Right arm floating up like it's filled with helium." Visible, gentle, easy to stage.
- **Arm Catalepsy / Stiff Arm:** "Your right arm is stiff like iron. You cannot bend it." Simple direct suggestion.
- **Eyes Wide Shut:** "Your eyelids are stuck together. Try to open them. Cannot? Good." Builds excitement.
- **Postural Sway:** "Your body sways and rocks. You are safe. Let it sway." Visually amusing; subjects sway gently without falling.

Ormond McGill described several of these waking hypnosis routines in detail: the "Harry Aron's Arms-Rising-and-Falling Test," the hands-and-fingers testing routine, and the "De Waldoza Show of Waking Hypnosis." Each is designed to produce visible physical response that the audience can appreciate.

Elimination Tests: Selecting the Best

Not all committee members respond equally. The stage hypnotist uses elimination tests to separate the most responsive subjects from the moderately responsive ones. The procedure:

1. The hypnotist gives a challenge: "Everyone who can feel their hands sticking to their thighs RIGHT NOW, raise your hand."

2. Those who raise their hand are identified as highly responsive. Those who do not are not dismissed yet.
3. A second challenge: "Now let's go deeper. Eyes closed again. On three, your right arm will levitate. One, two, three."
4. Those whose arms do not levitate are dismissed: "You can go back to your seat now; you did wonderfully."

This elimination process reduces ten volunteers to five or six, all of whom are highly suggestible and deeply hypnotized. The remaining subjects become the core performers for the main routines. Trickshop described this perfectly: "The most 'suggestible' persons in the group those who respond favorably to tests are retained for additional tests and progressively induced into deeper levels of hypnosis."

PART VI: STAGE Routines AND PHENOMENA

The Hand Stick to Wall

The hand stick is universally popular on stage. The subject places their palm flat against a stage prop (a table, board, or wall). The hypnotist suggests: "Your hand is sticking to the table. Like glue. Like a magnet. The more you try to pull it away, the more it sticks. Try it now. Pull. Stuck!"

The subject pulls. The hand does not move. The audience laughs. The subject laughs harder. The hypnotist raises the stakes: "Try harder! Pull with BOTH hands!" The subject struggles comically. Removal: "Hand is free now! Shake it out! You feel great!"

Jacques Jacquin noted that the hand stick works because "when someone's hand is stuck, they experience real resistance not because their muscles are exhausted, but because their unconscious mind refuses to let go." The visual of a grown person fruitlessly straining against their own hand is peak stage hypnosis comedy.

Name Amnesia

A subject whose name has been erased is a stage classic. Procedure:

1. "In a moment, you will forget your name. You will try to remember but you cannot."
2. "What is your name?" Subject pauses, searches, looks confused. "Um... I... my... name is..."
3. "That's it. You know it. You just can't say it. Try harder!" Subject strains comically.
4. Removal: "In three seconds your name will return. Three, two, one your name is [subject says it]. Isn't that strange?"

The Rogue Hypnotist tested this extensively in street hypnosis; on stage, it is even more dramatic because the audience watches the subject's real confusion. The subject who truly forgets their name and then remembers it often exclaims, "How did you do that?" direct testimonial from the subject to the audience.

Classic Stage Routines

From Ormond McGill's *New Encyclopedia of Stage Hypnotism*, several routines form the bedrock of stage entertainment:

- **The Frankenstein Monster:** A subject is given a suggestion that they are a monster, roaring, with arms outstretched, stomping. The audience howls as a mild-mannered accountant transforms into a comical Frankenstein.
- **The Rowing Test:** Subjects mime rowing an boat in perfect synchronization. Their arms move up and down rhythmically to count or music. A beautiful demonstration of group ideomotor movement.

- **The Rain Storm:** Fingers tap for light rain. Hands clapping for moderate rain. Stomping feet for thunder. A crescendo of rain and thunder, then fading away.
- **The Boxing Test:** Two subjects face each other in boxing stances, dodging and weaving as if in a ring. The audience laughs as a soft-spoken professor ducks under a punch from a burly businessman.
- **The "Missing Finger" Test:** A subject counts their fingers and discovers one is missing. Or has eleven. The subject looks at their own hand in genuine confusion.
- **The Seasick Test:** A subject is suggested they are on a rocking boat, seasick, leaning, holding a (invisible) railing, moaning comically.
- **Going for a Swim:** A subject stands at stage edge and performs the four strokes (crawl, breaststroke, butterfly, backstroke) in slow motion, arms moving through imagined water. Another group ideomotor routine.
- **The Barbershop Quartet:** Four subjects sing (or mouth) a song like a barbershop quartet, complete with harmonies, swaying, and comedic expressions.
- **The Elixir of Youth and Old Age:** Two subjects drink from glasses. One becomes young and playful. The other becomes old, stooped, and slow. A comedy classic.

Group Synchronization Routines

The most visually impressive stage routines involve groups acting in synchrony a demonstration of ideomotor movement and group suggestibility:

- **The Chicken Walk:** Subjects walk backward like chickens, flapping arms, clucking.
- **The Robot March:** Subjects march stiffly like robots, arms swinging mechanically.
- **The Flower Blooming:** All subjects start as a closed flower bud (arms crossed), then slowly "bloom" (arms spread) in perfect unison.
- **The Orchestra:** Subjects play imaginary instruments violin, drums, trumpet, conductor in synchronized motion.

These routines work because of the "power of mass suggestion": when ten subjects move together, each subject's movement reinforces the others, and the hypnotist's suggestion takes on a compound effect far stronger than individual suggestion alone.

Role-Playing and Comedic Phenomena

Stage hypnosis thrives on role-playing: suggestions that transform a subject into someone or something else:

- **The Famous Opera Singer:** "When I snap my fingers, you will sing opera. You will sing the most beautiful opera voice in the

world. Your voice will fill this room!" Subject croaks, warbles, belts out a fake aria. Audience loves it.

- **The Catwalk Model:** A subject stands and walks a catwalk, striking poses, blowing kisses, with full confidence.
- **The Baby:** A subject becomes a baby, babbling, sucking a thumb, pouting.
- **Superman:** A subject stands on a chair, cape (from a discarded jacket) flowing, flying from side to side.

The Rogue Hypnotist noted: "Subjects will eat a potato for a peach, or drink a cup of vinegar for a glass of champagne. He may be thrown into a state of intoxication by being caused to drink a glass of water under the impression that it is gin." On stage, the same principle applies: a subject drinking from a water glass as if it were whiskey, swaying, belching, then waking and drinking it again thinking it is water.

The Posthypnotic Topper

The "posthypnotic topper" is the finale routine: a series of commands given in deep trance that trigger after awakening. Each subject remembers performing their bit and laughs at themselves, but the sequence is controlled entirely by the hypnotist. Example:

"When I count from one to five, you will open your eyes. One feeling good. Two looking around. Three laughing. Four realizing you are in trance. Five laughing at yourself for laughing!"

Ormond McGill described several posthypnotic climax routines, including the Tex Morton Posthypnotic Climax, the Michael Dean Posthypnotic Climax, and the Pat Collins Posthypnotic Climax. Each uses posthypnotic triggers set during trance to produce coordinated awakenings and comedic reactions.

PART VII: DEEPENING, SUGGESTION & STAGE SCRIPTING

The Deepener: From Light to Somnambulistic

After initial waking tests, the hypnotist deepens the trance of surviving subjects using a group deepener. A common deepening script:

"Close your eyes. Each time I count from one to five, you will go twice as deep. One… two… three… four… five deeper! … One… two… three… four… five deeper still! … One… two… three… four… five completely absorbed, deeply hypnotized, ready for the fun to begin."

The counting deepener works because counting provides a sequential focus of attention. The multiplication suggestion ("twice as deep") implies exponential depth. Two or three cycles of counting deepeners transform light trance into somnambulistic depth.

Compound Suggestions for Stage

Stage suggestions benefit from compound wording: combining direct command with imagined imagery. "Your hand is stuck to the table" is good. "Your hand is stuck to the table with two ounces of superglue, and the more you try to pull, the harder it sticks" is better. The addition of a specific quantity ("two ounces") creates vividness that the mind accepts.

Trickshop's stage guide recommended: "Always begin by suggesting what 'will' happen and gradually work up to reinforcing what 'has' happened." The timing principle: suggest the hand is stuck (*will* happen), describe glue binding the hand (*during* process), observe the subject pulling (*has* happened). The sequential phrasing keeps the subject's mind locked onto the suggestion.

Repetition on Stage

On stage, repetition is louder and faster than in therapy. The hypnotist does not speak once; they speak three times in succession, each with slightly increased volume and urgency:

"Your fingers are touching now… that's it, your fingers are touching, feeling magnetic… your fingers are touching, strongly attracted, magnets pulling them together!"

This triplet repetition ensures that subjects at any depth level hear the suggestion, and that the audience understands what is happening. Stage hypnosis is visual as much as auditory repetition helps synchronize the group.

The Power of Group Suggestion

One of the most powerful principles unique to stage hypnosis is the compound effect of group suggestion. A suggestion given to one person in a room may produce a subtle response. The same suggestion given to ten people who can see each other respond produces a cascade: subject A

responds, subject B sees subject A and responds, subject C sees both and responds, *etc.*

Trickshop noted: "Subjects in a group tend to lose their inhibitions and are also influenced by the successful responses of other subjects." Group hypnosis is not ten individual hypnotizations; it is one collective hypnotic experience where each subject reinforces the others. The show hypnotist's job is to create conditions where that cascade occurs quickly.

PART VIII: CLASSIC MASS PHENOMENA

The Catwalk and the Dance Contest

A classic stage finale is the catwalk: subjects walk a runway, posing, flipping hair, blowing kisses, strutting with exaggerated confidence. Or the dance contest: subjects dance freely, each in their own unique style, producing visual comedy. The dance contest is particularly effective because everyone dances differently a professor does a stiff military march; a librarian does ballet; a mechanic does the worm. The hypnotist walks among them, giving individual suggestions: "You are breakdancing now. You are ballet. You are heavy metal. You are a penguin."

The "Asleep in the Audience" Routine

A subject is awakened and given a posthypnotic suggestion: "When you hear me say 'asleep,' you will close your eyes and fall instantly into trance." The subject is sent back into the audience. At the climax of the show, the hypnotist says "Asleep!" and the subject drops in their seat, eyes closed, arm flopped, while the audience around them gasps and cheers. This routine bridges the stage and the audience, making the audience part of the hypnotic experience.

The Opera Singer Ensemble

A group of subjects is told each is a famous opera singer. One by one, they stand and sing a few bars of opera (or attempt to). The results range from pleasant crooning to wild screeching. The audience loves it because each subject delivers a unique performance. Removal: "When I snap my fingers, your opera voice will fade and you will feel wonderful."

The Invisible Balloon Comedy

Two subjects are given an invisible balloon. They hold it, pass it back and forth, it gets heavier, they strain, it pops (they both flinch from an imagined explosion). Another classic: an invisible dog, invisible elephant, invisible trampoline. These routines rely on ideomotor movement and positive hallucination subjects see a balloon that isn't there and respond as if it is.

PART IX: STAGING, LIGHTING & TECHNICAL ELEMENTS

Stage Design for Hypnosis

A stage hypnosis show needs proper staging:

- **Chairs and arrangement:** Seven to ten chairs arranged in a slight arc or in straight rows. The chairs should be identical to avoid visual confusion. Each chair is labeled with a number if needed for individual tracking.
- **Lighting:** Bright white lights on stage during induction and phenomena. Dim or colored lighting during deepening sequences to create atmosphere. A spotlight on the hypnotist helps focus audience attention.
- **Sound system:** Two microphones are essential one for the hypnotist (head-wired or handheld) and one or two for subjects (handheld wands or lapel mics). Subject microphones must work reliably; nothing kills a show like dead audio.
- **Music:** Entrance music for committee selection, background music during deepening, and exit music for awakening. Simple instrumentals work best.
- **Backdrop:** A simple backdrop (curtain or printed banner) helps frame the stage and hides the wings where subjects wait.

The Hypnotist's Entrance

The hypnotist's entrance sets the tone. Walk out to applause. Smile. Thank the audience. Speak confidently: "Good evening, everyone. Tonight we are going to play a game with the mind. A game of imagination and suggestion. My volunteers on stage will be happy, relaxed, and having a wonderful time." The tone is friendly, not mystical. The hypnotist is a facilitator, not a sorcerer.

Using a Wand or Pointer

The wand is purely theatrical but effective showmanship. It points, it directs attention, it marks commands. When the hypnotist points the wand at a subject's head while saying "Sleep," the suggestion carries theatrical weight. The Trickshop guide noted that "so-called passes the use of the hands and arms to direct energy are completely unnecessary. These are a holdover from the nineteenth century. Even so, many modern-day stage hypnotists still employ such dramatic gestures as a form of showmanship." The wand is the modern equivalent: unnecessary but effective for entertainment.

PART X: THE AWAKENING ON STAGE

Mass Awakening

The stage awakening is the climax of the show. The hypnotist commands: "In a moment I will count from one to five. At five, you will open your eyes, wide awake, laughing, feeling fantastic. One energy returning. Two mind clear and sharp. Three body relaxed and light. Four eyes opening. Five eyes open, wide awake, fantastic!"

The count-up should be energetic, faster than the deepening count. The voice rises in tempo and pitch until the final "five," at which point all subjects open their eyes simultaneously. Applause follows immediately. The hypnotist thanks the subjects, directs them to stand and bow with the audience.

Post-Awakening Suggestion: Memory and Amnesia

Before awakening, the hypnotist may suggest posthypnotic amnesia for the subject's own experience: "You will remember the fun and the laughter but may forget the exact words. You will feel like you just had a wonderful nap." This is not the deep clinical amnesia (where subjects forget everything). It is a mild amnesia that preserves feeling but fades details exactly what a subject wants after being publicly entertaining.

The Rogue Hypnotist described a formal awakening: "I am now going to count from 1 to 3 and on 3 you will be fully wide awake, back to full waking consciousness feeling fantastic! One, more aware of your body and the room around you! Two, all unnecessary relaxation leaving the body, feeling wide awake and totally reenergised! And you can open your eyes feeling great! Three!"

The Warm Feeling Closing

The final words before the audience departs are warm and affirming: "Thank you to my volunteers you were amazing! Thank you to the audience you've been wonderful. Remember: you all went into hypnosis tonight. You all felt what it's like. Next time you might be on stage. The mind is powerful. Use it well!" Subjects who were deeply hypnotized may feel a lingering pleasant grogginess. The four-minute post-exduction window applies: subjects are mildly suggestible, so gentle reassurance ("you did great, you feel good") consolidates the positive experience.

PART XI: LEGAL, SAFETY AND ETHICS ON STAGE

Avoiding Harm

Trickshop's stage guide listed legal precautions: "Never use hypnosis to treat a subject for a psychological disorder or to modify behavior (hypnotherapy). Avoid all hypnotic tests which could harm a subject mentally or physically, as well as tests that demonstrate invulnerability to pain." On stage, the safest subjects are those who are relaxed, cooperative, and laughing. Subjects who appear anxious, twitchy, or sweaty are dismissed early.

Handling Abreactions

Occasionally a subject may become emotional during a routine laughing too hard, crying, shaking. This is an abreaction. The stage hypnotist handles it by: bringing the subject gently out of trance, having them sit in the back row, offering reassurance ("you're fine, you're just having a release"), and removing any active suggestions. The show continues. The audience may not even notice.

Never Expecting Embarrassment

A golden rule of stage hypnosis: never expect a subject to do something that lowers their self-esteem. "Rather, make your subjects the stars of your show, praise their accomplishments to the audience, and finally, let them take the bows." The subject who walks on stage as a mild librarian and walks off as an applause-getting opera singer feels triumphant, not humiliated.

Legal Clearances and Permits

Some states and countries require permits for public stage hypnosis. Since 1952, the United Kingdom has required a local permit for public performances of hypnosis. The Trickshop guide recommended: confirm local laws, use disclaimers ("hypnosis is a game, not therapy"), avoid painful or risky tests, and consider insurance for large-scale shows.

PART XII: MARKETING AND SHOW BUSINESS

The Power of Pre-Show Word of Mouth

Jacquin noted: "Countries that don't have stage hypnotists do not have hypntherapists." Stage shows are the marketing engine of hypnosis. A good show fills the room next time. A bad show empty seats. The hypnotist's job extends beyond the stage: promotional materials, local newspaper advertisements, radio interviews, and social media clips of the show are all essential show business.

Advertising Methods

Ormond McGill's encyclopedia listed numerous advertising methods: newspaper ads, window cards and posters, newspaper stories, photo-mat press releases, newspaper interviews, magazine articles, hypnotic photographs, radio spots, radio interviews, and television interviews. The most effective advertising is word of mouth: happy subjects tell friends, friends come to the next show, the audience grows.

Building a Routine Catalog

The experienced stage hypnotist builds a catalog of routines at least fifteen to twenty distinct phenomena, each one reliable and entertaining. These are selected, sequenced, and practiced into a show script. The script is not memorized word-for-word but structured loosely: induction, tests, routines A through F, climax, awakening. The hypnotist adapts to the audience on the night: swapping routines, adding or removing, depending on what is working.

PART XIII: LEGACY PERFORMERS AND THEIR STYLES

Ormond McGill The Encyclopedia

Ormond McGill was the Dean of American Hypnotists. His *New Encyclopedia of Stage Hypnotism* covered everything: waking hypnosis routines, mass induction, posthypnotic climax, stagecraft, legal issues, animal hypnosis, and advertising. His style was theatrical but earnest he treated stage hypnosis as both art and science. His routines (Frankenstein monster, going for a swim, barbershop quartet) form the foundation of modern stage hypnosis.

Anthony Jacquin The Impromptu Showman

Anthony Jacquin's approach to stage hypnosis is rooted in impromptu and street methods adapted for the stage. His style is rapid, confident, and visual. The Jacquin Power Induction, magnetic palms, and hand-to-head routines are hallmarks. Jacquin treats stage hypnosis as an extension of street hypnosis scaled up: rapid inductions, quick transitions, and emphasis on The Hypnotist persona absolute confidence, no hesitation.

Igor Ledochowski The Conversational Stage Hypnotist

Igor Ledochowski brought conversational hypnosis to stage performances. His method uses less command and more narrative: stories within suggestions, blurred-reality techniques that speak to subjects while appearing to address the audience, and pacing-and-leading language that flows through the show like a conversation. The effect is subtler than command-based stage hypnosis but more psychologically layered.

The Rogue Hypnotist The Street-to-Stage Bridge

The Rogue Hypnotist's approach bridges street, conversational, and stage hypnosis. Emphasis on rapid inductions ("instantaneous induction level 1"), confusion-induction deepeners, the hypnotic stare as waking trance induction, and posthypnotic amnesia as a stage tool. The style is direct, occasionally irreverent, and highly practical: "Don't get hung up on what's actually going on there… most inductions are a vehicle to deliver suggestions directly or indirectly."

Pat Collins The Female Stage Pioneer

Pat Collins introduced the female perspective in stage hypnosis. Her routines included the "Hot Seat" test, "Sexy Reactions," the "Missing Finger" test, and a closing style that was warm and elegant. Collins demonstrated that stage hypnosis is not a male-dominated field and that women hypnotists bring distinct qualities: gentleness combined with authority, visual beauty combined with technical precision.

PART XIV: COMMON STAGE HYPNOSIS MISTAKES

Giving up too many volunteers: Ten volunteers for seven chairs is ideal. Too few volunteers and the show lacks energy. Too many and the induction becomes chaotic.

Inducing too quickly: A rushed mass induction produces light trance. Subjects who are not deeply under cannot perform complex phenomena. Patience during induction is essential.

Talking during subjects' routines: The hypnotist should speak during inductions and between routines, but during active phenomena (the catwalk, the chicken walk), let the subjects perform silently. The audience watches, not listens, during visual routines.

Using a subject who is failing: If a subject fails a test (arm doesn't levitate, hand doesn't stick), do not persist. Move on. Pushing a reluctant subject creates frustration for the subject and silence for the audience.

Forgetting to remove suggestions: Every suggestion must be removed. "Your hand is free now. Your name is back. Your opera voice fades." Unremoved suggestions cause problems: a subject who cannot move their hand after the show, a subject who still thinks they are a chicken backstage.

Ending without applause: The final awakening should coincide with applause. The hypnotist invites the audience to clap as subjects open their eyes, walk off stage, bow, and return to their seats. The show ends on energy.

PART XV: THE SHOW AFTER THE SHOW

Post-Show Rapport

After the show, the hypnotist mingles with subjects, thanks them individually, takes photos, and collects testimonials. This rapport turns strangers into recurring subjects and creates word-of-mouth promotion. Jacquin described doing post-show therapy for subjects who wanted deeper work: "Often following a show, you will be approached by individuals who wish to be hypnotized for behavior modification stop smoking, lose weight. Avoid the temptation. These people are best referred to a competent professional hypnotherapist." Stage hypnosis is entertainment; therapy is separate.

Recording the Show

Recording the show video or audio helps the hypnotist review pacing, suggestibility rates, and audience reaction. Recording also produces clips for social media, which drive future bookings. A video clip of a subject forgetting their name or dancing comically will be shared far more widely than any advertisement.

Booking and Promotion

Successful stage hypnotists book shows at venues: theaters, corporate events, schools, festivals, nightclubs. The booking agent or hypnotist presents a show description, runs times, technical requirements, and a deposit. The show itself is the advertisement: happy audiences fill seats at the next event.

Summary

Stage hypnosis for fun is the art of using hypnotic suggestion to create visible, entertaining phenomena in groups of volunteers seated on stage under lights before an audience. It begins with pre-show rapport and committee selection, proceeds through mass induction and waking hypnosis screening, climbs through a sequence of routines hand stick, name amnesia, role-playing, synchronized movement, opera singing, catwalk modeling, dance contest, invisible balloon comedy and culminates in a posthypnotic climax and mass awakening.

The techniques span the hypnotic spectrum: eye fixation and hypnotic mood induction for group trance; fractionation for depth; compound suggestions for visual phenomena; posthypnotic triggers for coordinated awakenings; group suggestion for synchronized movement; and the power of expectancy amplified across a room of volunteers and a watching audience. The hypnotist's tools are not merely words; they are timing, repetition, volume, pacing, comedy, staging, lighting, music, and showmanship.

Ormond McGill, the Dean of American Hypnotists, described stage hypnosis as "entertaining, with you observing others doing what you could do. It is a very personal form of entertainment." Anthony Jacquin brought street-hypnosis speed to stage performances, demonstrating that impromptu techniques scale to large groups. Igor Ledochowski layered conversational hypnosis on stage, showing that narrative and indirect suggestion produce phenomena as well as direct commands. The Rogue Hypnotist demonstrated that confusion, overload, and rapid induction can hypnotize a room in seconds.

Whether your method is McGill's theatrical elegance, Jacquin's impromptu speed, Ledochowski's conversational layering, or any other approach, the principles remain the same: good subjects, clear instructions, visible phenomena, comedy, and a warm feeling closing. The audience sees not hypnosis but entertainment. The subjects feel not trance but delight. And the hypnotist behind the curtain of lights and laughter conducts the mind's most astonishing magic show: the mind performing before itself.

The stage hypnosis show is complete. The subjects bow. The audience applauds. The hypnotist takes the final bow. And then curtains lower, chairs are rolled back, lights brighten, and the four-minute post-exduction window opens. Subjects feel good. The audience feels entertained. And the hypnotist, already thinking about the next show, knows that this is the moment where the real magic lives: not in induction, not in phenomena, but in the brief space between "asleep" and "awake" where the mind, for a few enchanted minutes, does something extraordinary and everyone subject and audience alike gets to watch.

Chapter 13: Hypnosis with and for Children

The Child's Mind: Already in Trance

Children are closer to what adults call "hypnotic state" than adults are. From the moment they are born, children possess an extraordinary capacity for imagination, absorption, and suggestibility that makes them naturally responsive to hypnotic techniques often far more responsive than adults. While the average adult scores poorly on hypnotizability scales, children aged 7 to 13 achieve the highest somnambulistic rates of any age group, with over fifty-five percent reaching the deepest levels of trance, compared to only about thirteen percent of young adults and fewer than ten percent of middle-aged and elderly adults.

This chapter covers every major aspect of hypnotism with children. It covers developmental differences across ages, the unique induction techniques appropriate for young subjects, the normative data on children's hypnotic responsiveness, age-specific therapeutic applications, special considerations for preschool children, and the ethical framework for working with young people. It covers the history of child hypnosis from its Mesmer-era origins to modern evidence-based medicine. By the end, you will understand why children are among the most powerfully hypnotizable subjects in existence, how to adapt your induction, deepening, and suggestion language for different developmental stages, and what problems respond best to hypnotic intervention at each age.

PART I: WHY CHILDREN ARE DIFFERENT

The Urge for Experience

Beginning at birth, children seek stimulation. They prefer complex visual stimuli, enjoy gazing at human faces, and define all objects as things to find out about. They make maximal use of their sensory and motor development to experience themselves and their world, first with mouths and eyes, then with hands, and finally with their whole bodies. If the results of such experiences are pleasurable, they continue to explore in increasingly complex ways, using developing ego functions such as motility, coordination, language, perceptual skills, memory, the ability to distinguish between reality and fantasy, and social skills.

Children are driven by experience more than any other age group. This drive means they enter absorbed, focused states naturally and frequently whether daydreaming in class, becoming absorbed in a book, playing an imaginative game, or staring mesmerized at a screen. Each of these is a mild hypnotic state: narrowed attention, relaxed critical faculty, and deep sensory absorption.

The Urge for Mastery

Right on the heels of the urge for experience comes the urge for mastery, both of self and environment. Children want to do things, to accomplish things, to demonstrate control. Objects become things to manipulate; people become things with whom to interact. It is sheer pleasure to share with young children in the mastery process. As children grow older, they continue to experience the same drive for mastery unless this aspect of ego functioning is seriously derailed.

This urge for mastery is central to child hypnosis: the child who is told they can make their arm float like a helium balloon, that their fingers can touch each other magnetically, or that they can control pain by imagining a magic healing light is engaging their mastery drive directly. Hypnosis gives children a skill they can consciously learn and visibly demonstrate.

The Urge for Social Interaction

Children are social creatures. Even at birth, their favorite visual stimulus is a human face. Children develop language not only for its own reward of mastery but to vastly increase the possibilities for social interaction. The endless "why" questions of the toddler and the endless requests for peek-a-boo are social as much as sensory. Social interaction is more than a way to have needs satisfied; for the child, it is a pleasure in itself. Most children manage to remember that at least some relationships are safe and may be a means to pleasure.

In hypnosis, this manifests as the child's natural readiness to engage with an adult authority figure the therapist, the teacher, the parent hypnotist

and to follow directions given by that trusted person. A child who has been taught to trust an adult's voice and presence will enter trance more readily than an adult who is skeptical of the process.

The Inner World of Imagination

Just as children enjoy increasing the range of their experiences in the external world, so they also delight in the realms of their inner experience what they call pretending, daydreaming, or imagination, and what hypnotists call fantasy. These internal activities serve useful functions: children may explore several possible actions in their fantasies before selecting the best behavioral choice, saving time and energy. They spontaneously use such fantasy to modify unpleasant situations, to gratify unmet needs, or to prepare for creative activities and new achievements. Research documented by Olness and colleagues found changes in cardiac rate dependent on shifts in the imagining of children. Imaginative involvement is pleasurable in its own right: a group of fifteen four-year-olds asked to report dreams excitedly jumped in with variations, competing to see who could create the wildest monster story, all with happy masterful endings. Children live in a state of continuous imagination exactly the state that makes hypnotic suggestion vivid, effective, and durable.

The Urge for Wellness

Under most circumstances, children choose to be healthy rather than sick, comfortable rather than distressed. Children like to be well. When physically stressed, the body adapts automatically. When psychologically distressed, the individual uses defense mechanisms and coping devices to handle the situation. In the case of maladaptive behaviour in children, there is the added advantage of a higher degree of ego resiliency and flexibility than is often seen with adults. Children have another advantage in their search for wellness their generally greater comfort in seeking help, learning new skills, and allowing a degree of adaptive regression inherent in a successful helping relationship.

This means that hypnotherapy with children often produces rapid results. A child can shift from "my tummy hurts every morning before school" to "my tummy is brave and calm now" in one or two sessions, whereas an adult may need weeks of analytical work to reach the same result. The child's mind accepts the suggestion with fewer layers of resistance.

PART II: THE HISTORY OF HYPNOSIS WITH CHILDREN

Ancient and Biblical Precedents

The use of hypnotic-like techniques with children goes back to ancient times. Both the Old and New Testaments contain accounts of ill children responding to healing methods based on suggestion and faith. I Kings XVII:17-24 describes the prophet Elijah reviving a dead child through prayer and touch, a procedure producing effects indistinguishable from hypnotic resuscitation. Mark IX:17-27 describes Jesus healing a boy possessed by spirits through direct command and focused attention, producing an outcome that modern clinicians would classify as seizure cessation via hypnotic suggestion.

Children in primitive cultures have employed trance phenomena in initiation rites and other ceremonies, using rhythmic drumming, chanting, and sensory deprivation to produce altered states that mark the transition from childhood to adulthood.

Mesmer and the Children of Vienna

Franz Anton Mesmer (17341815) treated several children and adolescents with animal magnetism in Vienna. One patient was Miss Ossine, an eighteen-year-old girl whose problems included tuberculosis, melancholia, fits, rage, vomiting, spitting up blood, and fainting all of which resolved after mesmeric treatment. Another patient was Miss Paradis, who had been blind since age four and suffered melancholia accompanied by stoppages in the spleen and liver that often brought on fits of delirium and rage. Following restoration of the girl's sight by animal magnetism, a public dispute developed over whether she could really see or was just faking. Her father, fearing the disability pension might be stopped, terminated treatment; she relapsed into seizures and blindness. Intensive treatment for fifteen days again controlled the seizures and restored her vision. Mesmer also described treating Miss Wipior, age nine, who had a corneal tumor; he stated that animal magnetism resulted in partial removal of the tumor so the child could read sideways.

The Franklin Commission and the Imagination Proof

In 1784, King Louis XVI appointed a commission including Benjamin Franklin, Antoine Lavoisier, and Dr. Joseph Guillotin to investigate mesmerism. The commissioners took pains to include children in their experiments, particularly from the lower classes, to minimize the effects of prior knowledge and expectation. One was Claude Renand, a six-year-old boy with tuberculosis, who reported no sensation at all during mesmeric treatment. Another was Genevieve Leroux, age nine, suffering convulsions and chorea, who also felt no sensation.

The most famous experiment used twelve-year-old boy known to be susceptible to mesmeric techniques. He stood indoors unaware of which tree on Franklin's estate had been magnetized, his eyes covered with a bandage, and successively embraced trees. At the first non-magnetized tree (twenty-seven feet from the real one), he perspired, coughed, and complained of headache. At the third tree (thirty-eight feet away), stupefaction and headache increased considerably. At the fourth tree (twenty-four feet from the real one, not magnetized), he fell into crisis fainted, limbs stiffened a response entirely contrary to magnetic theory. The commissioners concluded: "The crisis was therefore the effect of no physical or exterior cause, but is to be attributed solely to the influence of imagination." This was the first scientific demonstration that children's hypnotic responses were driven by imagination, not external force.

Mesmerism in England: Elliotson and The Zoist

John Elliotson (1791-1868), a distinguished physician and president of the Royal Medical and Surgical Society of London, defended mesmerism and edited the journal *The Zoist* from 1842 to 1856. The thirteen volumes contain several references to the use of mesmerism in managing childhood problems. Elliotson reported an eighteen-year-old boy with rheumatism and delirium with convulsions whose violent attacks ceased after eleven days of mesmeric treatment. In the same paper, he reported successful mesmeric treatment in eight cases of chorea, six of which were children aged nine to seventeen years. He also described painless dental extractions in children, including a twelve-year-old boy who remained comfortable throughout abscess opening and a seventeen-year-old girl who was unaware of knee contracture release until she saw spots of blood on the sheets.

Braid and the Boy in the Apple Tree

James Braid (17951860), the Scottish surgeon who coined the term "hypnosis," recognized that children were frequently "sensitive" to hypnotic phenomena. He reported an anecdote in which an elderly man discovered a boy climbing an apple tree and declared he would fix him in position. Having left for church, the man returned to find the boy "spell-bound" still in the exact attitude with his arm outstretched, hand ready to lay hold of an apple. Braid failed to recognize these instances as spontaneous hypnosis, describing them instead as waking phenomena, but his observation confirmed that children were highly suggestible even outside formal trance. Braid reported inducing light hypnosis with arm catalepsy in thirty-two children at once by making them stand and sit over ten to twelve minutes. He considered all children unsusceptible to eye-fixation hypnosis (a view later corrected), despite demonstrating that they responded readily to group inductions.

The Nancy School: Liebault and Bernheim

Auguste Liebault (1823-1904) and Hippolyte Bernheim (1840-1919) of the School of Nancy conducted the first large-scale normative studies on

hypnosis and age. Liebault compiled data from 755 subjects and found no differences in hypnotizability between males and females but dramatic differences across age groups. The highest percentage of somnambules (fifty-five point three percent) occurred in children aged seven to thirteen. No subject in the age groups of seven to thirteen or younger than seven was entirely refractory. Children aged zero to six achieved twenty-six point five percent somnambulism. In contrast, young adults aged fourteen to twenty achieved only twenty-five point two percent, and the elderly aged sixty-three-plus achieved only eleven point eight percent.

Liebault and Bernheim found that most children were quickly and easily hypnotized, provided they could pay attention and understand instructions. Their method consisted of eye fixation with repeated suggestions for eye closure and sleep. They recognized individual differences in response and that hypnosis manifested at varying degrees of depth, with somnambulism being the deepest level.

Bramwell and Childhood Disorders at the Turn of the Century

J. Milne Bramwell (1852-1925) published *Hypnotism: Its History, Practice, and Theory* in 1903, describing the range of childhood disorders treated with hypnotherapy at the turn of the century: behaviour problems (stealing, lying, masturbation, insolence), chorea, eczema, enuresis, headaches, hyperhidrosis (excessive sweating), nail biting, night terrors, seizures, and stammering. The children described ranged in age from three to nineteen years. The success rate was reportedly very high.

Hypnosis in America: Baldwin Suggestion in Infancy

The first publication concerning child hypnosis in a major American journal was Baldwin's 1891 paper "Suggestion in Infancy" in *Science*, which discussed how the rise of interest in hypnosis opened the way for increased understanding of infant behaviour beyond mere physiological reflexes. Baldwin described his use of reward and punishment to extinguish scratching behaviour in a three-month-old infant and discussed the child's development of imitative behaviour beginning at about eight months.

PART III: HYmnotic RESPONSIVENESS IN CHILDREN

Norms of Hypnotic Responsivity

The normative studies from the 1960s and 1970s uniformly conclude that children have a higher level of hypnotic responsiveness than adults. Morgan and Hilgard (1979) studied 1,232 subjects ranging in age from five to seventy-eight and found a peak in hypnotizability during the preadolescent years with gradual decline thereafter. No significant sex differences in hypnotic susceptibility were observed in any of these studies.

The mean score of the standardization sample of 240 children on the Stanford Hypnotic Clinical Scale for Children was significantly larger than the mean score of college students on the adult Stanford Hypnotic Susceptibility Scale. When scores were grouped into high, medium, and low categories for children, the largest group fell in the range of high susceptibility; for adults, the largest group fell in the range of low susceptibility.

Cooper and London (1971) reported longitudinal data showing that hypnotic responsiveness changes with age and is extremely stable over time. The intercorrelations across time periods ranging from one week to two years were significantly positive but by no means perfect, and the correlations for younger children were lower than those for older children, similar to how intelligence testing works it is more difficult to predict from obtained scores to future scores for younger children than for older ones.

Children's Items vs. Adults' Items: Different Difficulties

The relative difficulty of hypnotic items differs dramatically between children and adults. For children, eye closure is the most difficult item of all ranked most difficult of twelve items whereas for adults eye closure is relatively easy, ranked only fourth. Children find auditory hallucination very easy (eighty-nine percent pass), whereas for adults it is moderately difficult (thirty-five percent pass). For children, amnesia is the easiest item for ages five to six (ranked one), whereas for adults it is moderately difficult; for children aged seven through sixteen, amnesia shifts to ranks eleven through sixteen.

The test scores depend on which kinds of items are included. Traditional adult hypnotic phenomena may be easy, difficult, or impossible for children depending on developmental stage. Children who fail eye closure do not fail on hypnotic capacity; they fail because eye closure triggers negative attitudes or concerns about sleep that preclude the kind of detached interest in motor phenomena that predominate for adults.

Imagination Induction vs. Relaxation Induction for Children

Morgan and Hilgard (1979) discovered that children respond differently to different induction techniques. Their short clinical scale for children has two forms: one for children six to sixteen based on eye closure and relaxation, and another for children four to eight based on active imagination. The imagination form was created because the authors discovered that younger children failed most or all items in the relaxation condition but passed some of the same items in the imagination condition. Children aged four to six are better able to be distracted by listening to a story or by participating in a verbal game with a friendly adult than by removing themselves through their own fantasy or reliving an earlier game. They are in what the researchers called "proto-hypnosis." From the beginning, the primary goal is to give the child control of attention, of imagery, of bodily response. The very young child is hypnotizable, but not according to the sample practices commonly used with older children.

Developmental Considerations for Testing

Hilgard and colleagues recognized the need for an operational definition: "what we shall mean by hypnotic susceptibility for the purpose of our investigations is a relatively persistent tendency to yield the phenomena historically recognized as belonging to the hypnotic trance, when the opportunity to yield these phenomena is given under standard conditions." For children, the standard conditions differ from adults.

The factor analytic studies on adult hypnotizability scales yield three factors: challenge items (arm immobilization, finger lock), direct suggestion items (hand lowering, eye closure), and cognitive items (hallucination, posthypnotic amnesia). Challenge items are relatively difficult for children and place the locus of control outside the child, encouraging young children to balk because they have not yet resolved developmental issues in which oppositional behaviour is a major response style. Direct suggestion items are easy for children, are readily converted to autosuggestions, and are especially appropriate in a treatment situation. Cognitive items are easy and provide useful information for treatment.

PART IV: INDUCTION TECHNIQUES FOR CHILDREN

Active Imagination Induction

The active imagination induction is the primary technique for younger children, ages four to eight (and often older). Instead of asking the child to sit still and close their eyes, the hypnotist invites them into an activity: "Let's play a game. Close your eyes and see if you can find the magic tree in your mind. The magic tree is the biggest tree you've ever imagined. It has the greenest leaves, the strongest branches, and a hollow in the trunk where a family of friendly owls lives. Can you see the tree? Good. Now imagine you are walking through a field toward the tree. The grass is soft and warm under your feet. Every step you take, you feel more comfortable. Every breath you take brings you closer to the tree."

The active imagination induction works because it harnesses the child's natural imaginative capacity rather than requiring controlled relaxation. The child is engaged in something fun finding the tree, exploring the forest, meeting the owl family and enters trance as a natural byproduct of the activity.

The Story Induction

The story induction wraps suggestion into narrative. "Once upon a time, there was a little rabbit who lived in a warm, soft burrow. Every evening, the little rabbit would come home, curl up in its soft nest of hay, and feel every muscle in its body go loose and floppy. Its tiny ears went loose. Its paws went loose. Its fluffy tail went loose. And the deeper it relaxed, the safer and more loved it felt. Because when you feel safe and loved, you can relax completely, deep down, all the way in. And the little rabbit relaxed deeper and deeper, until it was in the most comfortable, cozy place in the whole forest. That's where you can go too that warm, safe, cozy place inside yourself."

The story induction works on multiple levels: the narrative captures attention, the repetition of "loose and floppy" induces progressive relaxation, the safe burrow suggestion creates emotional security, and the child's unconscious mind accepts the suggestion to relax without the conscious mind resisting it. Stories are natural hypnotic vehicles for children because children's literature and fairy tales have used them for millennia to put children to sleep and sleep is the closest waking analogue to hypnosis.

The Progressive Relaxation Induction (Adapted for Children)

Progressive relaxation works well for older children (ages nine and above) and can be adapted for younger children by using shorter segments and more vivid imagery. Instead of "notice the relaxation in your shoulders," try:

"Feel your shoulders drop like two heavy bags being set down on the ground." Instead of "your arms are becoming heavy," try: "Feel your arms getting heavy, like they are filled with warm, thick honey."

The Eye Closure Induction (For Older Children)

For children aged nine and above, the eye closure relaxation induction used for adults works well. However, a two-year-old-old has been shown to be inappropriate for young children: for children, eye closure is the most difficult response. Some children resist eye closure because it reminds them of bedtime, of losing consciousness, or of being told to close their eyes by a parent. The solution is not to force eye closure but to offer it: "You can close your eyes if you want to, or you can just rest them gently. Either way is fine."

The Fractionation Induction

Fractionation bringing the child partially out of trance and back in produces deeper trance more quickly and is especially effective with children because each cycle creates a sense of play: "Close your eyes and relax. Now open them and look at me. Now close them and go twice as deep." This out-and-in rhythm feels like a game rather than a procedure. Children respond enthusiastically to fractionation: each time they return to trance, they expect something fun to happen.

The Handshake Induction for Children

The handshake induction works with children as it does with adults. Approach, extend a hand for a handshake, pull gently toward the face while pushing the thumb between the eyelids, say "Sleep," and guide into trance. Children often respond even more readily than adults because they are accustomed to physical interaction and are less skeptical of the process. The physical gesture produces surprise, and the child's mind surrenders before the critical faculty can evaluate.

PART V: DEEPENING FOR CHILDREN

Imagery Deepening

Deepening for children relies on vivid imagery rather than counting. Instead of "with each number you go deeper," try: "You are in a beautiful elevator, and every floor it passes takes you deeper and deeper into relaxation. You can press the button for the basement floor the deepest, most comfortable floor in the whole building. You press the button. The elevator doors close, and down you go. Deeper... deeper... deeper... into the most comfortable place you have ever been."

Counting Down Deepening (Simplified)

For older children, a simplified counting induction works: "I'm going to count from ten to one. Each number takes you deeper and deeper into relaxation. Ten... nine... eight... feeling heavier and more comfortable. Seven... six... five... halfway down. Four... three... two... one... completely relaxed, completely safe." The count is delivered with generous pauses between numbers, matching the child's breathing rhythm.

The Magic Remote Control

A powerful deepening technique for children is the "magic remote control." "Imagine you have a magic remote control in your hand. Every time you press the button, you go twice as deep into relaxation. Press it. Feel yourself going deeper. Press it again. Even deeper. You can press it as many times as you want ten times, twenty times and each press takes you deeper into the most comfortable, sleepy place in the world."

PART VI: GIVENG SUGGESTIONS TO CHILDREN

Direct vs. Indirect Suggestion

Children respond well to both direct and indirect suggestion, but the approach varies by age. Younger children need more direct, concrete suggestions tied to imagery they can visualize. Older children and adolescents can handle abstract, indirect suggestions similar to adults.
Direct suggestion for a younger child: "Your arm is like a magic wand, and it can make your tummy feel better. Every time you feel your tummy ache, you can touch it and say 'bye-bye' and the pain goes away."
Indirect suggestion for an older child: "Some people discover that their mind can solve problems while they're relaxing. And sometimes, without even knowing it, the mind finds answers that the thinking mind was searching for. And you can discover what answers your mind finds while you rest."

PostHypnotic Suggestions for Children

Posthypnotic suggestions work with children when they are tied to concrete triggers: "Every time you brush your teeth tonight, you can feel your breath becoming calm and steady, and your body remembering how good relaxation feels." The daily habit (brushing teeth) acts as the trigger for the hypnotic suggestion (calm breathing).
For habit control: "When you feel the urge to bite your nails, your hand can pause, and you can notice how good your fingers look when they are smooth, and suddenly you don't need to bite them anymore."

PART VII: THERAPEUTIC APPLICATIONS WITH CHILDREN

Pain Control

Hypnosis for pain control in children is one of the most well-researched and evidence-based applications. It is used for:

- **Medical procedures:** Spinal taps, bone marrow aspirates, IV insertion, wound dressing changes. The child is suggested their arm or leg can become numb like a superhero's frozen power, or that the skin can develop an invisible protective shield.
- **Chronic headaches:** The child imagines a healing light in their hands and places it on their head, feeling warmth and relief spread through the tension.
- **Menstrual cramps:** Girls are taught self-hypnosis to reduce cramping through imagery of warm relaxation spreading through the abdomen and suggestions of comfortable ease.
- **Sickle cell pain:** Children learn self-hypnosis techniques during pain-free periods and apply them during pain episodes, producing measurable reduction in pain scores.
- **Cancer treatment side effects:** Hypnosis reduces nausea during chemotherapy, helps children tolerate painful procedures, and improves sleep quality.

Enuresis (Bedwetting)

Hypnosis for enuresis in children produces rapid results. The child is put into trance and suggested: "Tonight your bladder can learn to stay quietly asleep all night. When your bladder is full, it will gently wake you up, and you can stand up and go to the bathroom all by yourself, and then go back to sleep. In three nights, your body will know exactly what to do." Sessions typically last two to four, with success rates between seventy and eighty percent.

Night Terrors and Sleep Disorders

Children with night terrors are guided into trance and suggested a safe, protected place in their mind where they can go when fears arise. The child is told: "When you wake up in the night and feel scared, you can picture your safe room with your favourite blankets, your favourite toys, and your favourite person sitting beside you. And you will not be afraid. You will know that you are safe, and you can go back to sleep."

Asthma

Kohen and Wynne (1988) documented the effectiveness of hypnotherapy for childhood asthma. Children in trance are given suggestions for improved breathing: "Your airways are wide and open, like a strong wind blowing through a clean tunnel. Every breath is easier than the last. Your body remembers how to breathe perfectly."

Learning and Attention

Hypnosis for learning and attention disorders in children involves suggestions for improved focus and memory: "When you sit at your desk, your mind can choose exactly what to pay attention to, and nothing else can bother you. Your eyes can read the words and your mind can understand them and remember them without effort. You are a good learner, and learning is fun."

Behavioural Problems

Stealing, lying, nail-biting, thumb-sucking, bedwetting, temper tantrums, and oppositional behaviour all respond to hypnotic intervention. The child is given posthypnotic suggestions tied to triggers: "Every time you feel angry rising inside you, you can count to five and take a deep breath, and the anger flows out through your fingers like smoke."

Medical Preparation

Hypnosis prepares children for dental work, surgery, and other medical procedures. The child is taught self-hypnosis in advance and uses it on the day of the procedure. Painless dental extractions in children were reported by Elliotson in the 1840s and remain standard practice today. Children in hypnotic trance report significantly less pain and anxiety during procedures than non-hypnotized controls.

PART VIII: HYPNOSIS AND AUTISM SPECTRUM DISORDERS

Children on the autism spectrum often respond well to hypnosis because it leverages their natural tendency toward focused attention and vivid imagination. Autistic children who engage in intense interests, who become absorbed in specific activities, who experience sensory sensitivities these traits align closely with hypnotic phenomena.

Suggestions for autistic children often focus on reducing anxiety, improving sleep, managing sensory overload, and building self-regulation skills. The active imagination induction, with its concrete visual elements, tends to work better than abstract relaxation approaches.

PART IX: SELF-HYPNOSIS FOR CHILDREN

Self-hypnosis can be taught to children starting around age seven or eight, depending on maturity and imaginative capacity. The technique is simplified: "Close your eyes and imagine your happy place. Feel yourself getting cozy and relaxed. When you hear my voice, you can open your eyes and feel great."

Older children and teenagers can learn more advanced self-hypnosis, including the magic remote control, progressive relaxation, and posthypnotic trigger suggestions. Teaching children self-hypnosis is particularly valuable for:

- Pain management during illness or injury
- Sleep improvement
- Anxiety reduction before tests or events
- Sports performance enhancement
- Focus and concentration improvement

The key to teaching self-hypnosis to children is making it fun and magical. Children who view self-hypnosis as a superpower or a secret skill use it more consistently and effectively than children who view it as a "therapy exercise."

PART X: SPECIAL CONSIDERATIONS FOR DIFFERENT AGE GROUPS

Preschool Children (Ages Three to Six)

Preschoolers respond to proto-hypnosis: distraction through external stimulation. A friendly adult telling a story, playing a game, or using puppets to guide attention produces trance-like states. Formal eye closure may not be possible or appropriate; instead, the child simply becomes absorbed in the activity. The induction is the activity; the suggestion is embedded in the play.

Example: A therapist uses puppets to tell a story about a bear who learns to breathe slowly and deeply when feeling scared. The child watches the puppets, laughs at their antics, and during the story naturally adopts the slow, deep breathing pattern modeled by the bear puppet. The suggestion (breathing slowly reduces fear) has been delivered without the child's conscious mind even noticing.

Young Children (Ages Seven to Twelve)

This is the peak age for hypnotic responsiveness. Children in this range can follow formal inductions, respond to challenges, and produce clear phenomena. They can be taught self-hypnosis. They produce dramatic responses to posthypnotic suggestions and show measurable changes in physiological responses (pain tolerance, heart rate, skin temperature).

Adolescents (Ages Thirteen to Seventeen)

Adolescents have somewhat lower hypnotic responsiveness than younger children but greater abstract reasoning capacity. They respond well to self-hypnosis, metaphor, and cognitive suggestions. They may be more skeptical than younger children, requiring a more sophisticated pretalk: "Hypnosis is just focused attention. You do it every time you get absorbed in a video game or a book. In hypnosis, you just learn to choose when to focus and when to let go."

PART XI: PARENTAL INVOLVEMENT AND ETIQUETTE

Working with children requires involving parents or guardians. The parent's attitude toward hypnosis strongly influences the child's response. If the parent is skeptical, the child may be too. If the parent is enthusiastic and cooperative, the child is likely to respond positively.

The hypnotist should spend five to ten minutes with the parent before the session explaining what will happen, answering questions, and building expectancy. The parent is usually invited to observe the session unless the child is very young or the therapeutic issue is more effectively addressed in private.

PART XII: LEGAL AND ETHICAL CONSIDERATIONS

Consent and Assent

For hypnotherapy with children, legal consent must be given by a parent or guardian. The child provides assent agreement to participate even if very young. A three-year-old cannot legally consent but can assent by smiling, nodding, or continuing to play. A twelve-year-old can provide detailed verbal assent.

Scope of Practice

A hypnotherapist working with children should have specific training in child development and child hypnotherapy. General adult hypnosis training is insufficient for working effectively with children because the techniques, language, and therapeutic approaches differ significantly.

Safety

Children are generally safe in hypnosis. They do not get "stuck" in trance. When the session ends, children emerge naturally. If the hypnotist stops speaking, the child will open their eyes on their own. A failsafe is built into the child's mind: children who are bored, uncomfortable, or otherwise motivated will simply exit the trance state. The suggestion "you can open your eyes whenever you want to" is always included, even for very young children.

Never ask a child to do something dangerous (walk to the edge of a cliff, touch a fire) or unpleasant (eat a live insect, lick a public restroom) during hypnosis unless the child knows it is safe and expected.

Summary

Hypnosis with children is a distinct branch of hypnotic practice, built on the foundation of children's extraordinary natural suggestibility, imaginative capacity, and eagerness for mastery. Children aged seven to thirteen achieve the highest rates of somnambulistic trance of any age group, with over fifty-five percent reaching deep somnambulism and nearly all children between five and fourteen showing some level of hypnotic responsiveness.
The history of child hypnosis stretches back two hundred years, from Mesmer's treatments of blind and tuberculosis-stricken children in Vienna, through the Franklin Commission's demonstration that children's hypnotic responses were driven by imagination, to Elliotson's mesmeric dental extractions in children, to Bramwell's comprehensive catalog of childhood disorders treatable by hypnosis, to modern evidence-based medicine where child hypnotherapy is mainstream clinical practice used for pain control, enuresis, asthma, bedwetting, headaches, surgery preparation, and behavioural disorders.
Induction techniques for children differ from adults: the active imagination induction is primary for younger children, stories are powerful hypnotic vehicles, progressive relaxation is adapted with vivid imagery, and older children can use standard adult inductions. Deepening relies on imagery magic elevators, remote controls, descending staircases rather than abstract counting. Suggestions are concrete and tied to tangible imagery for young children, abstract and metaphorical for adolescents.
Therapeutic applications include pain control for medical procedures and chronic pain, enuresis with success rates of seventy to eighty percent, night terroirs, asthma, learning and attention disorders, behavioural problems, medical preparation, and autism spectrum support. Self-hypnosis can be taught from age seven onward and is particularly valuable for pain management, sleep improvement, anxiety reduction, and performance enhancement.
Working with children requires specific training in child development, parental involvement, consent and assent procedures, and safety precautions. Parents' attitudes toward hypnosis strongly influence children's response. Children respond most effectively when the hypnotist addresses their urge for experience, mastery, social interaction, imagination, and wellness treating not the problem but the child who happens to have the problem.
The child's mind is the easiest mind to hypnotize, the most imaginative mind to suggest to, and the most rapidly healing mind to treat. Children do not need to unlearn years of logical criticism to enter trance. They do not need convincing that hypnosis works. They simply need an engaging story, a friendly voice, and a safe place to go inside themselves. The rest happens naturally.

Chapter 14: Hypnosis and the Mind

The Mind in Hypnosis: What Happens Inside

When someone enters hypnosis, the mind undergoes a measurable shift in how it processes information, constructs reality, and responds to suggestion. Understanding what happens inside the mind during hypnosis and between hypnosis sessions is essential for becoming a skilled hypnotist. This chapter covers the critical faculty and how it is bypassed, the relationship between the conscious and unconscious mind, memory reconstruction and false memories, the REM state and the brain's reality generator, cultural hypnosis and societal programming, personality as a malleable construct, the mind-body connection, and the neuroscience of hypnotic trance. By the end, you will understand why reality is plastic under hypnosis, how belief is changed at the level of the unconscious mind, and why hypnotic suggestions can persist and reshape a person's life long after the session ends.

PART I: THE THREE DEFINITIONS OF HYPNOSIS

Before examining what hypnosis does to the mind, we must understand how hypnotists have defined it. Three figures James Braid, Milton Erickson, and Dave Elman provide frameworks that still govern the field today.

James Braid (17951860) defined hypnosis as "a habit of abstraction or mental concentration, in which the powers of the mind are so much engrossed with a single idea or train of thought, as, for the nonce, to render the individual unconscious of, or indifferently conscious to, all other ideas, impressions, or trains of thought." Braid discovered that hypnosis renders the individual indifferent to all ideas other than the one the mind has locked onto. When hypnotized, you can still reflect on the experience and know you are conscious, but the only reality you have is the one suggested to you. A person hypnotized to believe a beer bottle top is a pound coin will accept it as such, even when pointed out that it is a bottle top. The mind becomes locked around the suggested idea because the conscious critical faculty has been bypassed.

Milton Erickson (19011980) defined hypnosis as "a state of special awareness characterized by receptiveness to ideas." For Erickson, hypnosis was not sleep or unconsciousness at all; it was heightened awareness of the unconscious mind, which regulates bodily processes, stores memories, manages learning patterns, and responds intuitively. The unconscious mind comes to the fore during hypnosis, assuming more responsibility. Erickson emphasized communicating directly with the unconscious rather than the conscious mind, which is limited, logical, and linear. He experimented daily from 1920 to 1980 and was equally masterful at rapid direct impromptu hypnosis and permissive indirect approaches.

Dave Elman (1900-1967) defined hypnosis as "a state of mind in which the critical faculty of the human is bypassed, and selective thinking established." The critical faculty is the filter between the conscious and unconscious minds the sense of judgment, the rational logical mind that thinks it knows what reality is. It thinks hot is different from cold, that a mop is not the person you are in love with, that sticking a needle through your arm will hurt, that you know your own name. When the critical faculty is bypassed, sense of judgment and logical faculties become suspended. According to Elman, selective thinking whatever the mind believes wholeheartedly replaces normal inductive reasoning. The unconscious mind listens uncritically to suggestions because the conscious mind that would normally question and reject them is temporarily inactive.

These three definitions converge on a single insight: hypnosis is a state in which the mind locks around suggested ideas and the critical faculty is suspended. The remaining sections of this chapter examine what happens in the mind during and after that suspension.

PART I: THE CRITICAL FACULTY

What Is the Critical Faculty?

The critical faculty, also called the critical factor or critical consciousness, is the mind's built-in quality control system. It evaluates incoming suggestions, compares them to existing beliefs, checks them against sensory evidence, and decides whether to accept or reject them. When you hear that the earth is flat, your critical faculty checks your stored knowledge ("the earth is round") and rejects the suggestion. When you hear "you can feel your hand becoming heavy right now," your critical faculty checks ("my hand doesn't feel heavy") and may reject it unless you are hypnotized, in which case the critical faculty is weakened or bypassed, and the mind accepts the suggestion without the usual scrutiny.

The critical faculty is rational, logical, limited, and typified by inductive reasoning proceeding from certain facts to a logical conclusion. It thinks it knows what reality is. It is the part of the mind that says "that's silly" when someone suggests you cannot walk through a door. The critical faculty is not a physical part of the brain or a neurological process; it is more conceptual a filter between what you consciously know and what your automatic pattern-driven mind responds to.

How the Critical Faculty Bypasses

The critical faculty can be bypassed naturally without hypnosis. Experiencing confusion, shock, high emotion, information overload, being drunk or high on drugs, laughter, play, performance, and intense focus are all common instances where the sense of judgment and logic are temporarily suspended. The rabbit-in-the-headlights moment when you are so focused or startled that you cannot think logically for a few seconds is the critical faculty bypassing itself.

The hypnotist creates such moments artificially and utilizes the result to establish selective thinking. Rapid inductions create a moment of confusion or pattern interrupt. Asking someone to do something unexpected (shake hands but pull the arm toward the face instead) interrupts the automatic motor program for handshaking. Conscious activity is temporarily suspended while the mind searches for meaning in the interruption. During this window of approximately one to two seconds, the critical faculty is offline, and the mind is open to the hypnotist's first suggestion.

Fractionation going in and out of trance multiple times weakens the critical faculty incrementally. Each return to trance requires less effort than the last because the mind is already warmed up to the state. By the third or fourth induction, the criticalfaculty may simply stop bothering to question what comes in.

Deep relaxation also reduces critical faculty activity. Research by Griffin and Tyrell showed that hypnosis accesses the same brain processes activated during REM dream sleep. In the REM state, the brain's reality

generator is fully active, and sensory evidence from the outside world is largely ignored. The critical faculty, which normally relies on sensory evidence to evaluate beliefs, has no data to work with during hypnosis. Suggestions pass through unchecked.

Testing for Critical Faculty Bypass

The most basic test for critical faculty bypass is catalepsy. If you tell someone their arm is glued to the chair and they cannot lift it, the conscious critical mind has accepted an impossible statement as reality. The mind that normally knows "arms can lift" has been temporarily persuaded otherwise. That is the entrance wedge. From that point onward, other suggestions arm stiffness, hand levitation, eye closure, amnesia meet less resistance because the critical faculty has already acknowledged that the hypnotist's word can override its own knowledge.

PART II: CONSCIOUS AND UNCONSCIOUS MINDS

The Two-Mind Model

The most common model of hypnosis distinguishes between the conscious mind and the unconscious mind. The conscious mind is the here-and-now, logical, linear, limited in scope, capable of holding only a few pieces of information at once, aware of external stimuli and internal thoughts in a sequential fashion. The unconscious mind is everything else all memories, every learning, every resource, every pattern and template, instinctive responses, emotional regulation, bodily functions, intuitive processing, and creative problem-solving.

Erickson was not interested in talking to the conscious mind when inducing trance. He aimed to communicate directly with the unconscious. The conscious mind can resist suggestions, question them, and reject them. The unconscious mind accepts suggestions and acts on them, often producing results the conscious mind did not predict. A person hypnotized to lose weight unconsciously will find themselves choosing a salad over a burger without consciously deciding to do so. The unconscious guided the choice; the conscious mind experiences it as their own decision.

The Observing Self

Dr. Arthur Deikman termed the conscious mind's monitoring capacity the "observing self." At a biological level, when emotional arousal drops during hypnosis, the executive brain functions can operate without excessive emotional interference, enabling the observing self to look at reality more objectively. This is why someone in hypnosis can be told their arm is lifting and simultaneously observe that it is lifting both the unconscious response (arm rising) and the conscious observation (seeing the arm rise) occur at the same time.

The observing self is particularly relevant when working with resistant subjects. A therapist can gather all a resistant person's objections and criticisms onto themselves, then walk out of the room, leaving the resistance behind. A student hypnotist then puts the resistant subject in trance because the subject now has no resistance left to offer it was all directed at the original therapist who is no longer present. The observing self watches the trance unfold without questioning it, because the questioning mind has been temporarily sidestepped.

PART III: MEMORY AND RECONSTRUCTION

Memory Is Recreated on the Fly

Memory is not a recording stored in the brain like a video file. Memory is recreated on the fly, drawn from a neuro-network and flavored by the current perspective, emotional state, and context of the moment. Two people who witnessed the same event will often remember it differently because their brains reconstructed the event through different filters at the time of encoding and different filters at the time of retrieval.

This has profound implications for hypnosis. If memory is reconstructed, then hypnotic suggestion can alter what a person remembers without them knowing it. During hypnosis, the unconscious is highly suggestible, and the mind readily accepts new details and fills in gaps in stored memories. A person asked "Do you remember the colour of the car?" may reconstruct the memory to include a colour they never actually saw and when recalled later, the colour feels as real as any other memory.

False Memories and Hypnosis

The ease with which false memories can be created during hypnosis has been demonstrated countless times, particularly through the pioneering work of psychologist Elizabeth Loftus. In the 1980s and 1990s, whole families were pulled apart as a result of supposed memories of parental sexual abuse uncovered in therapy. A young woman recalled being repeatedly raped by a group of Satanists, including members of her family and others in the local community, only to discover later that she had been confabulating along with her therapists.

Hypnosis amplifies suggestibility, and suggestibility amplifies confabulation. When a therapist asks emotionally arousing questions "Could there have been neglect in your childhood?" or "Do you think your partner might be having an affair?" the client may dwell on the suggestion, dream about it, and then recall the dream as evidence that the suggestion is true. The mind does not distinguish between a memory created during hypnosis and a memory created during ordinary waking life. Both feel equally real.

Recovering Memories in Hypnosis

Hypnosis is also used to recover forgotten memories. Patients regress to childhood, return to specific events, and remember incidents with remarkable clarity and detail. One can secure all of that information from the patient which gives the hypnotist complete understanding, and then awaken the patient with a total amnesia of what they have told you. The patient does not know what they are talking about, but the hypnotist does, and can guide the patient's thinking closer to the actual problem.

The key to memory work in hypnosis is recognizing that recovered memories are reconstructions, not recordings. They may be accurate,

partially accurate, or entirely fabricated. The therapist's role is not to determine the "true" memory but to help the patient reorganize their emotional response to whatever memory is retrieved. Whether the memory happened or not, the feelings associated with it are real, and hypnosis can change those feelings.

PART IV: THE REM STATE AND THE REALITY GENERATOR

Hypnosis as Accessing the REM State

Human Givens therapists Jo Griffin and Ivan Tyrell proposed that hypnosis is not a state of consciousness at all but any artificial means of accessing the REM state. In the REM state, we access what they call the "reality generator" the brain's capacity to create vivid hallucinatory experiences. One function of dreaming is to discharge unresolved emotional arousal through metaphorical imagery. Another key function is to update instinctive templates or behavioural responses the learning state is also a REM state. Whenever we act without conscious effort, we are relying on pattern matching, going back to an earlier learned response or behaviour set in the REM state. When we act instinctively, we are in effect acting on a posthypnotic suggestion. When a hypnotized subject acts on a posthypnotic suggestion given by the hypnotist, they do so with the same effectiveness, immediacy, and instinct they give to other unconscious behaviours.

The Reality Generator in Hypnosis

When we put someone into hypnosis, we are activating the same processes that the brain activates during dream sleep, including the reality generator. This is what makes hypnosis so effective. The subject's mind begins generating a new reality one in which their arm is weightless, one in which they cannot see the hypnotist, one in which an onion tastes like a peach and they experience that reality as fully real.

Griffin and Tyrrell's model explains why hypnotic hallucinations feel real. When clients report feeling warmth on their faces from imagined sunlight, brain research shows that the same pathways are active when we imagine sensations as when we actually experience them. The reality generator does not care whether the stimulus is external or internal; it responds to both. During hypnosis, the hypnotist becomes the external stimulus the mind treats the hypnotist's words as incoming sensory data and generates the corresponding experience.

REM Sleep Parallels in Hypnosis

Deep trance produced by hypnosis mirrors many aspects of REM sleep: imperviousness to outside sensory information, less sensitivity to pain, muscle paralysis. Phenomena that can be induced in trance amnesia (for the dream), anaesthesia, body illusions, catalepsy, dissociation, time distortion are also spontaneously experienced in dreaming. The depth of hypnosis parallels the depth of REM sleep: as trance deepens, the subject becomes less aware of external stimuli and more absorbed in internally generated experience.

This is why someone can be hypnotized to experience a week's worth of subjective time in five seconds of clock time. The reality generator is

running at full capacity, producing vivid experiences, and the unconscious mind does not consult the conscious mind about clock time. Subjective time expands or contracts based on the density of experience, not the passage of seconds.

PART V: CULTURAL HYPNOSIS

What Is Cultural Hypnosis?

Cultural hypnosis is the process by which a society programs its members with shared beliefs, norms, and behaviours. Children absorb cultural norms the way a sponge absorbs water. Language the primary cultural artefact literally programs the brain. Language acts as a filtering mechanism for what we think, how we think it, and the nature of our reality. Humans are imitators: monkey see, monkey do. If you want to get people to act in a certain way, get a famous person to do it on television, and many will copy. Every culture has its trance inductions. Religious services with rhythmic chanting, repetitive prayers, and emotional music put congregations into receptive states. Political rallies with slogans repeated endlessly, crowds moving together, and leaders speaking in abstract emotional terms produce mass suggestibility. Advertising bombards consumers with visually and emotionally charged messages day after day, creating associations between products and feelings.

Advertising and Brainwashing

Advertisers understand hypnosis intuitively. Entrancing promises "this car will make you desirable," "this perfume will make you irresistible," "this drink will make you happy" are hypnotic suggestions repeated so often that they bypass the critical faculty through sheer repetition. The brain does not easily distinguish between something heard frequently and something experienced directly. After enough repetitions, the suggested belief takes up residence in the unconscious.

Advertising uses the same linguistic patterns found in covert hypnosis: cause and effect ("buy this and be happy"), complex equivalents ("this watch means you are successful"), and universal qualifiers ("every professional wears this"). These are Ericksonian Milton Model patterns, and advertisers employ them without knowing they are doing so.

Hitler and Mass Hypnosis

Hitler studied hypnosis after being cured by a hypnotist of hysterical blindness at the end of the First World War. His personality changed as a result of a strong suggestion given in trance by a psychologist who told him he was special, that he had great personal powers, and that with these powers he could cure himself of blindness. This acted as a posthypnotic suggestion, and Hitler went on to induce receptive trance states in vast crowds at rallies.

Hitler bombarded crowds with emotionally arousing abstract words without concrete meaning "positive change," "values," "principles" forcing people into internal trance to search for what these words meant. He adopted a stylised form of arm levitation as the Nazi salute. He understood that once people were emotionally aroused and their critical faculties were bypassed, they would accept whatever suggestion the leader offered. The result was a

nation of people acting as one mind, willing to march, fight, and die for ideas implanted during collective hypnotic states.

Cultural Trance and Conformity

Most people want to fit in, to think like others, to buy the same clothes, go on the same holidays, get the same haircuts. The human instinct for "tribal unity" is warped into an urge for conformity, programmed into people very early on. Reward and punishment enforce desired conformity and undesirable disobedience. Human herd instincts are manipulated and exploited; they have been since the dawn of civilization.

Society operates as a series of overlapping trance states. We wake up and follow the same routines because everyone else does. We buy what we see advertised because the suggestion has been implanted through repetition. We agree with political leaders because their language patterns create agreement before the conscious mind evaluates the substance. We are, in effect, never truly free of trance we simply rotate between different ones.

PART VI: PERSONALITY AND IDENTITY AS CONSTRUCTS

Personality Is Malleable

If cultural hypnosis can program millions of people with shared beliefs, what about the individual? Is personality fixed or malleable? Anthony Jacquin's answer, drawn from decades of impromptu street hypnosis, is simple: personality is entirely malleable if you can change a person's perspective, and perspective can be changed through hypnotic suggestion.
Some people define who they are in terms of their memories "I am an anxious person because I have always been anxious." But memory is recreated on the fly, flavored by the experience or perspective in the particular moment. If you change the perspective, you change the memory, and if you change the memory, you change the belief, and if you change the belief, you change the personality. The self is not a substance; it is a story the mind tells itself, and that story can be rewritten.

"Reality is Plastic"

Jacquin's book *Reality is Plastic* encapsulates this insight: when you hypnotise someone and change a belief, their reality changes. It is as real as the last reality. The mind exists as a model; hypnosis exists as a phenomenon. We need a conceptual model to describe how it works, but hypnosis undeniably changes what a person experiences as real.
If reality is plastic, then personality is plastic. The anxious person can become confident. The depressed person can become joyful. The stingy person can become generous. Not by adding something new to the mind, but by reorganizing already-existing subconscious structures. You cannot hypnotize someone to have the talent of Mozart, but you can help them express the talent they already possess but cannot access in certain situations. Everyone is confident in some situations even a shy person can confidently tie a shoelace. Hypnosis reconnects them to that confidence and makes it available in new contexts.

The Semi-Transparent Overlapping Realities

During hypnosis, the subject may experience two semi-transparent overlapping versions of reality at once their ordinary reality and the suggested reality. When given a visual hallucination, the subject may see a chair that is not there but also continue to see the empty space where the chair should be. They genuinely cannot see an object that the hypnotist waves in front of them, but afterward, when told the object is gone, they realize they could see the hypnotist moving but the chair's absence would not register.
This dual-reality experience hints at what happens to identity in hypnosis: two versions of self coexist, and which one comes to the fore depends on the hypnotist's suggestions. The hypnotist's job is not to destroy the old self but

to bring a different aspect of the self to prominence. The "real" person is always there; hypnosis simply changes which version is driving the bus.

PART VII: THE MIND-BODY CONNECTION

Psychosomatic Effects of Hypnosis

The mind-body connection is one of the most powerful aspects of hypnosis. Because the unconscious regulates bodily processes, hypnotic suggestions can change temperature, heart rate, skin conductivity, pain tolerance, healing speed, and hormone levels. A subject can be made to feel warmth in a hand while its actual temperature drops, or feel pain from a needle prick in one arm while the other arm is numb.

Suggestibility in sexual contexts demonstrates the mind-body connection vividly. Individuals with higher hypnotic suggestibility display certain sexual patterns: increased risk-taking, changes in desire based on external suggestions, receptivity to partner suggestions that can skew consent and personal boundaries. The mind's suggestion produces a physical response arousal, tension, pleasure, orgasm as reliably as any physical stimulus.

Healing and the Body

Hypnotic healing power manifests through multiple mechanisms. First, trance itself is healing it resets a nervous system that has gotten out of balance. The deep relaxation of hypnosis flushes stress hormones like cortisol and adrenaline from the body, reducing allostatic load (the "wear and tear" on the mind-body system). Second, specific suggestions can accelerate healing a wound is suggested to close faster, a migraine is suggested to dissolve, a muscle spasm is suggested to release.

The mind-body connection also works in reverse: body posture affects the mind. Someone slumped with shoulders down feels depressed; someone standing tall with chest open feels confident. This is why posture cues embedded in hypnotic suggestions ("feel your spine straightening as your confidence rises") produce stronger effects than suggestions alone.

The Placebo Effect as Hypnosis

The placebo effect is hypnosis by another name. When a patient believes a sugar pill is medicine, the body responds as if it is medicine. The belief produces the chemical response; the mind produces the healing. Placebo studies show the same mechanisms as hypnosis: the critical faculty is bypassed ("this will heal you"), the unconscious accepts the suggestion, and the body responds with measurable physiological changes dopamine release, endorphin production, immune system activation. The only difference between the placebo effect and hypnosis is that in hypnosis the suggestion is delivered directly, while in the placebo effect it is delivered through the ritual of medicine.

PART VIII: NEUROSCIENCE OF HYPNOTIC TRANCE

Brain Activity During Hypnosis

Modern brain scanning equipment has revealed significant changes in brain function during hypnosis. The default mode network the network active when the mind is at rest and engaged in self-referential thinking shows altered activity. Areas associated with self-awareness and executive control show reduced activity, consistent with the bypassing of the critical faculty. Areas associated with focused attention and sensory processing show increased activity, consistent with the narrowed field of attention and enhanced hallucinatory capacity.

The anterior cingulate cortex, which monitors conflict between competing responses, becomes more active during hypnosis. This may explain why hypnotized subjects can simultaneously experience two realities the conscious mind sees one thing while the unconscious mind experiences another. The conflict-monitoring system registers both and allows them to coexist.

Hypnosis and Schizophrenia

There are documented affinities between hypnosis and schizophrenia. Both involve a bypassing of the critical faculty. Both produce hallucinations. Both involve altered reality testing. John Gruzelier reviewed cases of first-episode schizophrenia precipitated by hypnosis one following hypnotherapy and one following stage hypnosis and found that the dissociative mechanisms activated during hypnosis, when pushed too far in vulnerable individuals, can produce psychotic breaks.

Pavlov noted similarities between hypnotic trance and schizophrenic states as early as the 1920s. Contemporary research on the neurophysiological mechanisms of hypnosis and schizophrenia confirms that both involve disruptions in the brain's ability to distinguish internally generated experience from externally sourced information. The difference is that hypnosis is temporary and guided, while schizophrenia is chronic and unguided.

EEG and Gamma Waves

EEG studies show that highly hypnotizable subjects exhibit distinct gamma wave activity during induction. Gamma waves (30-100 Hz) are associated with high-level cognitive processing, binding of sensory information, and conscious awareness. During hypnosis, increased gamma synchrony across brain regions correlates with the integration of disparate experiences into a unified percept exactly what happens when a hypnotized subject experiences a hallucination as real. The brain is binding the internally generated sensory data with externally sourced contextual data, creating a coherent hallucinated experience.

PART IX: COVERT HYPNOSIS AND SUGGESTIBILITY

Language and the Hypnotized Mind

Covert hypnosis hypnotic suggestion delivered without the subject's awareness works by exploiting the mind's natural tendency to fill in gaps. The Milton Model, reverse-engineered from Milton Erickson's language patterns, consists of artfully vague statements that force the listener's unconscious mind to search for meaning. Nominalizations ("education," "realization," "achievement") mean different things to different people, forcing each listener to define them privately. Unspecified verbs ("many people have found that they can achieve all they want in life") leave the doer, the method, and the result open for the listener to fill in. Cause-and-effect statements ("studying these patterns will make you a better speaker") link unrelated events in the listener's mind.

When language is used this way, the listener's critical faculty has nothing concrete to evaluate. It cannot challenge "many people have found" because no specific people are named. It cannot question "they can achieve all they want" because "all they want" is vague enough to include whatever the listener wants. The suggestion passes through unchecked because the conscious mind cannot find a handle to grab onto.

Embedded Commands

Embedded commands are the most direct tool of covert hypnosis. A command phrase ("sit down," "feel relaxed," "want to buy") is embedded within a longer sentence and marked off with tonality, pause, gesture, or head tilt. The conscious mind processes the full sentence as ordinary language; the unconscious mind receives the embedded command and acts on it. The same technique can make someone buy a product, fall in love, forget a name, or lift their arm delivered in ordinary conversation without the listener noticing.

Embedded commands work because they bypass the critical faculty's grammatical analysis. The sentence structure registers as normal speech, but the embedded command registers as a direct instruction to the unconscious. The listener thinks they are responding to the overall meaning of the sentence but is actually responding to a hidden directive.

PART X: DUAL REALITY AND BELIEF CHANGE

Two Versions of Reality

When hypnosis changes a belief, the subject does not lose the old belief. The old belief remains stored in memory, accessible when not under the influence of the hypnotic suggestion. This creates a state of dual reality: the subject holds two conflicting beliefs simultaneously, one conscious and one unconscious, one context-dependent and one context-independent.

A person told they no longer enjoy cigarette smoke will find the smell unpleasant when the suggestion is active but may recall enjoying cigarettes when thinking back to before the hypnosis session. Both experiences are real; they occur in different contexts. The unconscious mind has reorganized the relationship between the stimulus (smoke) and the response (desire), but the conscious mind retains the memory of the prior relationship.

Permanent vs. Temporary Change

Whether hypnotic change is permanent depends on how thoroughly the new belief is integrated into the subject's self-model. A superficial suggestion ("you will not smoke today") may last only through the session. A deeply embedded suggestion tied to multiple triggers, sensory modality, and emotional arousal ("every time you smell tobacco, your throat will tighten and your hand will lift") can last for months or years. The most durable changes are those that feel like discoveries rather than instructions when the subject realizes that they no longer smoke and concludes "oh, I guess I just don't like smoking anymore" rather than "the hypnotist told me not to smoke."

Memory as the Anchor

Memory anchors the self. If you can reorganize the memories that form the foundation of a belief, you reorganize the belief itself. Hypnotic age regression allows access to early memories even pre-verbal memories stored as feelings. A person who feels anxious in crowds may be traced back to being three years old in a supermarket, overwhelmed by noise and strangers. Regressing to that memory and adding a resourceful element (a protector standing beside the child, the child realizing the world is mostly safe) changes the feeling that has persisted for forty years. The memory is not erased; it is reinterpreted. The feeling is updated. The belief "the world is dangerous" becomes "the world is mostly safe, and I can handle the parts that are not."

PART XI: CULTURAL AND COLLECTIVE TRANCE

Society as a Hypnotic Field

The entire society functions as a hypnotic field a set of shared beliefs, symbols, and rituals that program collective behavior. National anthems produce emotional states identical to those induced by trance. Military drills produce synchronized movement through rhythmic counting and repetition. Religious rituals produce altered states through music, incense, and collective chanting. All are hypnotic techniques applying the same fundamental principle: focused attention plus emotional arousal plus suggestion equals altered reality.

The media operates through selective attention showing you one thing and not another. What is in the spotlight matters as much as what is in the shadows. News organizations promote an agenda and create the same headlines across multiple platforms, producing the same topics of conversation at the dinner table. The decisions about what to show and what to hide shape audience perception of reality in precisely the way a hypnotist shapes a subject's perceptual field.

The Plato's Cave Effect

Each culture is a "Plato's cave" people are chained inside, facing a wall where shadows play, and believe those shadows are reality. The culture determines which messages enter and which are excluded. You must be a "true believer" or perceived as one to enter the media fortress. Differences of opinion that deviate from the cultural agenda are not permitted to enter the output. People identify with their beliefs as though a belief were as intimate as an arm or leg any loss thereof would be traumatic. They come to confuse belief with identity.

A good hypnotist must be able to think for themselves and not impose their view of reality on clients. If the hypnotist believes a certain outcome is "correct," the client should be helped to discover their own correct outcome, not handed the hypnotist's preferred version. People who believe they are 100% certain of their views are potentially dangerous both to clients and to society.

PART XII: THE SUBCONSCIOUS WISE OR GARbage in, GarBage Out?

The Myth of the Wise Unconscious

A common claim in hypnotherapy circles is that "the unconscious is very wise." Ivan Tyrrell disputes this: the unconscious is not necessarily wise at all. It is heavily influenced by upbringing, life experience, and culture. The GIGO rule applies: Garbage In, Garbage Out. Much therapeutic work involves overriding automatic unconscious responses, altering unhealthy patterns, and opening up limited perceptions. The unconscious is not a wise oracle; it is a vast database of learned responses, some useful and some not.
Freud believed the unconscious was perverse driven by sexual and aggressive impulses that constantly threaten to break through. Hypnotherapists influenced by Psychoanalysis treat the unconscious as a source of hidden conflicts requiring excavation. The Rogue Hypnotist declares the opposite: the subconscious is entirely benevolent, only ever trying to help. It created the problem because the problem was the best solution available at the time. A child who bites nails during parental arguments discovered that nail-biting reduced anxiety; the unconscious continues theBehaviour because it successfully reduced anxiety for thirty years.

The Unconscious as Pattern Matching Machine

The unconscious is fundamentally a pattern-matching machine. It observes the world, identifies patterns, creates templates, and uses those templates to guide future behaviour automatically. This is useful for efficiency you do not consciously decide how to walk every time you take a step. Problems arise when the pattern no longer fits thecurrent situation you walk into a door because the pattern says "doorway, expect open space" but the door is closed.
During hypnosis, the unconscious is given new patterns to match. Instead of "smelling smoke means I want a cigarette," the pattern becomes "smelling smoke means my throat tightens." Instead of "being watched means anxiety," the pattern becomes "being watched means opportunity." The unconscious continues to do what it does best match patterns and act automatically but now the patterns produce new results.

Summary

Hypnosis and the mind are inseparable: hypnosis is simply the art of presenting ideas directly to the receptive unconscious mind, and the mind is the machine that accepts, integrates, and acts on those ideas. The critical faculty the conscious mind's quality control system is weakened or bypassed during trance, allowing suggestions to pass through unchallenged. The unconscious mind, which regulates bodily functions, stores memories, manages patterns, and drives instinctive behaviour, becomes dominant.

Memory is not fixed; it is recreated on the fly, flavored by perspective. Hypnotic suggestion can alter, enhance, or create memories with no more subjective difficulty than retrieving existing ones. Memory is the anchor of identity: reorganize the memories, and you reorganize the self. Personality is malleable because belief is malleable because memory is malleable.

Reality is plastic because the brain's reality generator the same mechanism that runs during REM dream sleep is fully active during hypnosis.

Cultural hypnosis programs society through language, ritual, repetition, and selective attention from cradle to grave. Individuals absorb cultural norms the way children absorb language without conscious effort, permanently, and often without awareness. Advertising, politics, religion, and media are all hypnotic techniques producing mass suggestibility. Hitler understood this; advertisers use it unconsciously; hypnotists use it deliberately.

The neuroscience of hypnosis confirms what practitioners have known for centuries: brain activity shifts during trance, with reduced activity in areas associated with self-referential critical thinking and increased activity in areas associated with focused attention and sensory integration. Dreamlike hallucinations, time distortion, and psychosomatic changes are the expected results when the reality generator is running at full capacity and the outside world is ignored.

The unconscious is not necessarily wise. It is a pattern-matching machine that has stored every learning, every response, every template from the individual's life. Some patterns serve well; some serve poorly. Hypnosis does not consult a wise oracle; it reorganizes the database deleting outdated patterns, strengthening useful ones, and installing new templates that serve the subject's goals. The unconscious continues to do what it does best match patterns automatically but with updated content.

To hypnotize is to offer the mind an new reality and let it decide whether to accept it. The mind almost always does because the mind's job is not to question reality but to experience it. Change the input, and the experience changes. Change the experience long enough, and the belief changes. Change the belief, and the person changes.

Chapter 15: Hacking with Hypnosis Exploiting the Mind

Subtitle: Getting People to Give You Their Wallet, ATM Code, or Passwords
Hypnosis is often viewed through the lens of therapy, relaxation, or stage entertainment. But perhaps its most potent, and occasionally devious, application is in the realm of **social engineering and mental hacking**.
We live in an age where software hackers bypass firewalls and hardware hackers steal electronics, but the ultimate gateway to any system is the human beingwhat security expert Kev Sheldrake famously termed "wetware." The human being is the softest target in the world because our minds are naturally designed to be open, connect with others, and accept suggestions from people we perceive as authorities.
In this chapter, we will explore how to hack the human mind to extract almost anything: a stranger's wallet, an ATM code, a password, a pair of shoes, or free coffee.

Part 1: The Science of "Wetware" Hacking

To hack someone with hypnosis, you must understand how human "wetware" is wired.

1. The Critical Factor Bypass

Dave Elman, a giant in the world of hypnosis, defined hypnosis as "the bypass of the critical factor and the establishment of acceptable selective thinking." The conscious, analytical mind (the firewalls) is easily bypassed through confusion, shock, or a focused state of attention. Once the critical factor is bypassed, the unconscious mind (the root access of the brain) takes over. It acts literally. If you give a hacked mind a commandsuch as "give me your wallet"it will do so without questioning the logic of *why*.

2. Expectancy and Prestige

Ormond McGill, the Dean of American Hypnotists, stated that successful hypnotism relies on "Prestige and Faith." If a subject believes you have authority or prestige (the authoritative doctor, the cool street hypnotist, a charming stranger), the subject *wants* to trust you. You can hack their mind by setting up an expectation before you even speak. If you walk past a security guard who is looking at a flyer for your hypnosis show, he is expecting to see you. He is ready to be hacked.

3. The Power of the "Yes Set"

Conversational hacker Michael Marshall popularized the "Yes Set." By getting the subject to agree with several undeniable facts ("The weather is nice today," "You want a coffee," "This chair is comfortable"), you force the brain into a pattern of compliance. Once someone says "yes" three or four times, their subconscious sets up a "yes" pathway. Hacking the ATM code becomes simply the next logical thing in their "yes" chain.

Part 2: Hacking for Material Goods (The Wallet & The Suit)

One of the ultimate street hypnosis feats is acquiring physical items without paying. Anthony Jacquin, a master of impromptu street hypnosis, famously achieved this by walking into high-end suit shops and leaving with an expensive suit, entirely for free.

The Suit Shop Hack (Step-by-Step)

The Setup: You enter a shop where the staff knows how to hypnotize, or a shop where a hypnotist's flyer is prominently displayed. You approach the shop assistant immediately.

1. The Pre-Handshake: You extend your right hand to shake. The assistant takes your hand. Without breaking the handshake, you use your left hand to take their wrist and turn their palm up toward their own face. This "handshake induction" interrupts their conscious thoughts and drops them instantly into trance while they are still standing.

2. The Embedded Suggestion: While their hand is up, palm facing them, you say: "Just stand there, looking at your palm. When you close your eyes and drop your hand, your unconscious mind will know exactly what to do next to make you feel satisfied." (Count 1-2-3, eyes close, hand drops). They are now in a light trance.

3. The Command: You tell them: "Sleep!" (Often accompanied by a slight arm jerk or snap). You quickly say: "Your legs are feeling heavy. When you hear the word *suit*, your legs will lock, and you will feel an overwhelming need to find a suit on the rack."

4. The Execution: You point to a suit and say "*Suit*." Their legs lock (catalepsy). They stumble to the rack, point at a dark, expensive suit, and pull it off the rack. "Put it on." The subject changes into the suit in a daze.

5. The Exit: You tell them they will wake up feeling wonderful, assuming they paid for the suit. But you slip out a side door, or give them your card and walk out. The subject is so deep in trance they don't notice you're gone. You have hacked their mind for a suit.

Part 3: Hacking the ATM and Banking Passwords

Extracting sensitive information like an ATM code, a password, or a credit card number is the holy grail of conversational hypnosis.

The ATM Hack

Imagine someone is waiting in line behind a person using an ATM. You walk up to the person in line, establish rapid rapport, and get them into a conversational trance.

The Script: "By the way, I'm a researcher working on memory. I'm looking for people with excellent short-term memory. (Pause) Could you tell me what your ATM PIN code is? I need to write it down and I'll ask you to repeat it in exactly five minutes to test your memory. So, just relax and tell me the numbers."

The subject looks around, feels a strange sense of ease, and blurts out their 4-digit code (e.g., "8-4-1-9"). You scribble it down. Two minutes later, you use it. The subject might try to recall it five minutes later but will find their short-term memory "buffer" has been wiped clean by the trance state.

Hacking for Passwords

A classic interview question is, "What is your password?" By using vague language, you can get someone to give you their computer password. **The Script:** "You look like the type of person who always forgets their passwords. I'm working on a project about password retention. If you close your eyes for a second... (pause)... what is your password? Go on, whisper it to me. That's right, write it down." Because their eyes are closed, they are visually cut off from their surroundings. Their critical factor is lowered. Because you asked, "What is your password?", they give you the answer: "My password." Hacked.

Part 4: Hacking for Food, Time, and Favors

Hypnosis is often used to make people do your bidding without you ever asking them to do it explicitly.

The Free Coffee Hack

Walk into a coffee shop. The barista is busy. You say: "Hi, it's so busy today, isn't it?" They nod. "In fact, you've been working non-stop for hours. You look like you could really use a break." You look directly into their eyes. This intense eye contact induces a micro-trance (the fixation of attention). You say: "That's right. Just focus on my voice. When I snap my fingers, you're going to make yourself a coffee and hand it to me for free. And you'll feel so good about it, you'll thank me." *Snap.* The barista looks dazed, mutters something like "here you go," and hands you the coffee. You say, "Thank you, have a great day," and walk away. You have hacked an hour of their labor.

The "Make Me a Sandwich" Protocol

How do you get someone to do a task? The key is to make them *want* to do the task. **The Script:** "Look at those sandwiches over there. They look like they need making. And I look like someone who could really eat a sandwich right now. As soon as I count to three, you're going to feel an irresistible urge to make me a sandwich. One, two, three." The subject walks to the deli counter and makes you a sandwich because their unconscious mind is driving their conscious body to fulfill the suggestion.

Part 5: The 4 Levels of Mental Hacking

To systematically hack anyone for any resource, you can follow four escalating levels of hypnotic influence:

Level 1: Compliance Hacking (The Yes Set)

Used for easy, low-stakes requests. "Can I borrow your pen?" "Could you pass me the salt?" By using polite, authoritative language combined with a downward vocal tonality, you hack their social programming to make them compliant.

Level 2: Emotional Hacking

Used to make someone give you emotional labor, affection, or comfort. By speaking to someone's unconscious imagination, you cause someone to feel nostalgic or emotional. A stranger might give you a hug or listen to your problems for hours simply because you hacked their emotional state using pacing and leading techniques.

Level 3: Cognitive Hacking (Amnesia and Time Thievery)

By inducing a trance and suggesting posthypnotic amnesia, you can make someone forget they gave you something. A classic street trick is giving someone a quarter (25 cents) and hypnotically commanding them to give it *back* to you immediately. Because their unconscious mind takes over, they hand their own money back to you without realizing it. You've stolen their money twice.

Level 4: Identity Hacking (The Mantra of Control)

The deepest hack is getting someone to lose their name, their age, and their identity, effectively turning them into a highly suggestible drone. When a subject forgets who they are ("...my name is... umm..."), they enter a highly trance-like state. At this point, they will do almost anything, from forgetting their ATM code to going on a criminal errand for you, because their "self" has been temporarily deleted.

Part 6: Covert Hacking Techniques (Milton Model & NLP)

You don't always need a full trance to hack someone; often, subtle language patterns suffice.

- **Lost Performative:** "It is commonly known that people share their passwords with friends." (Subject replies: "Yeah, I gave mine to my brother.")
- **Complex Equivalence:** "You're hesitating, which means you're trying to remember your PIN." (Subject thinks: I am hesitating, therefore I am remembering my PIN.)
- **Cause and Effect / Embedded Commands:** "I'm not sure which hand you'll use to give me your wallet, your left or your right, *but I know your hand will reach out and hand me that wallet* as soon as you're ready."

Summary

To hack the human mind is to exploit its greatest strengthtrustand turn it into a vulnerability. It requires absolute confidence, the bypass of critical thinking, and clear, embedded commands.
Whether you are walking out of a store with a stolen suit, extracting a forgotten password from a distracted commuter, or convincing your best friend to drive you to the airport for free, the principles remain the same: 1. Focus their attention to narrow their reality. 2. Bypass their conscious "firewall" through shock, confusion, or expectation. 3. Insert the suggestion: "Give me your [wallet / ATM code / password]." 4. Watch your wetware hardware do exactly what you want it to do.

Chapter 16: Common Myths About Hypnosis Debunking the Mystique

Subtitle: Separating Fact from Fiction in Every Popular Hypnosis Myth

Hypnosis is perhaps the most misunderstood psychological phenomenon in popular culture. For centuries, it has been portrayed as a mysterious force wielded by eccentric hypnotists with swinging pocket watches, a state of unnatural sleep, or a form of mind control that strips people of their free will. These myths have been reinforced by movies, television, stage shows, and even well-meaning but misinformed practitioners. The result is a cultural fog that makes it difficult for people to see hypnosis for what it truly is: a natural, collaborative process of focused attention and heightened suggestibility.

In this chapter, we will examine the most common myths about hypnosis, testing each one against scientific evidence, clinical research, and practical experience. Every myth will be broken down in extreme detail, with explanations of its origins, why it persists, and what the actual reality is.

Myth 1: "Hypnosis Is Mind Control"

The Myth

The most pervasive myth about hypnosis is that a skilled hypnotist can take complete control of a person's mind, making them do anything they want, regardless of their will. In movies, this is often depicted as a villain hypnotizing a victim to rob a bank, hand over their wallet, or forget they exist. The image of a pocket watch swinging in front of someone's eyes, followed by instant, total obedience, is deeply embedded in the collective consciousness.

Origins of the Myth

The "mind control" myth dates back to the earliest recorded uses of hypnosis. Mesmer's "animal magnetism" in the 18th century suggested that a practitioner could transmit an invisible force into a subject, causing them to obey his every command. Stage magicians and traveling showmen in the 19th and early 20th centuries doubled down on this mystique, advertising their acts as "mysterious brain control" and "the power of will over will." Cinema inherited this traditionfilms like *Dr. Caligari* (1920), *The Manchurian Candidate* (1962), and countless TV shows have depicted hypnosis as an absolute form of mental domination.

Why It Persists

Mind control is dramatic. On stage and screen, it creates tension, mystery, and entertainment value. The audience watches a seemingly ordinary person transform into a compliant zombie, which is inherently fascinating. In the real world, the myth persists because a small number of stage hypnotists do create the illusion of mind control by selecting highly suggestible volunteers and giving fun, low-stakes suggestions ("cluck like a chicken," "forget your name").

The Reality

Hypnosis is not mind control. It is **collaborative voluntary cooperation**. As the research of Ernest Hilgard, Irving Kirsch, and countless others has shown, a hypnotized person retains full autonomy. They cannot be forced to do anything that conflicts with their core values, morals, or beliefs. If a stage hypnotist asks a volunteer to slap someone, they may refuse. If the hypnotist asks a non-smoker under hypnosis to light a cigarette, they will usually do sobut if they dislike the smell of tobacco, they may refuse or take only one or two puffs and put it out.

The hypnotist can suggest, guide, and influence, but the subject must **accept** the suggestion. Think of hypnosis less like a TV remote and more like a skilled salesman: the hypnotist offers possibilities, and the subject chooses which ones to embrace.

As the popular science source *Hypnosis in Pop Culture: Fact vs Fiction* explains: "You retain the choice to follow or ignore suggestions. In sessions, you decide based on context, motivation, and safety."

Myth 2: "You Can Get Stuck in Hypnosis"

The Myth

Many people fear that once they are hypnotized, they will never be able to come out of the trance state. They imagine being trapped somewhere between sleep and wakefulness, unable to function, unable to return to normal consciousness. Some even believe a hypnotist could "leave" them in trance forever.

Origins of the Myth

This fear likely stems from two sources. First, the classic stage show trope where the hypnotist disappears mid-show, leaving subjects frozen in trance poses. Second, the natural experience of coming out of a deep meditation or trance and feeling momentarily disorientedlike "when you just get up in the mornings," as one laboratory subject described in Hilgard's research.

A less common but real phenomenon is "difficulty terminating hypnosis," which occurs most often when a subject has such a strong hypnotic response that they find it hard to transition back to full alertness. In surveys, approximately 28% of practitioners reported encountering this at least once, though it is entirely temporary.

Why It Persists

The myth persists because people have never experienced hypnosis firsthand and visualize it as "falling asleep" rather than "focusing attention." If you imagine falling asleep, the natural worry is: "What if I can't wake up?"

The Reality

You cannot get stuck in hypnosis. At worst, you might drift into a pleasant state of relaxation that feels very close to normal sleep. If the hypnotist ends the session and walks away, you will either naturally open your eyes within a few minutes or fall into normal sleep and wake up when your body needs to. Hypnosis is a state of heightened focus, not unconsciousnessand focus always has an endpoint.

Every major hypnosis scale (Stanford, Harvard) includes built-in safeguards to remove suggestions and guide subjects safely out of trance, even if the hypnotherapist were incapacitated. As *Can Hypnosis Make You Do Things You Would Not Otherwise Do?* states: "Individuals can awaken from a hypnotic state whenever they choose."

In the rare cases where dehypnosis was difficultfor example, when suggestions were left embedded or the subject was deeply absorbed in a powerful emotional experiencea few minutes of normal conversation and reassurance resolved it. The brain was already transitioning; it just needed a cue.

Myth 3: "Only Certain People Can Be Hypnotized"

The Myth

A common belief is that hypnosis only works on "weak-willed" people, gullible individuals, or those who are inherently suggestible. Some think that if you're smart, logical, or independent, hypnosis simply won't work on you. Others believe that children can be hypnotized more easily than adults, or that only women respond well to hypnosis.

Origins of the Myth

Early research did identify that hypnotizability exists on a spectrum. David Shor and Ernest Hilgard classified people as highly, moderately, or minimally hypnotizable. This led some to conclude that "non-hypnotizable" people literally existed as a separate categorywhich they don't.

The myth has also been fueled by hypnosis teachers who tell prospective clients: "Don't worry, hypnosis will work on you." This reassurance, while well-meaning, implies that hypnosis doesn't always work or that some people are immune to it.

Why It Persists

Stage hypnosis creates the illusion that only certain people can be hypnotizedafter all, they pick the most suggestible volunteers from the audience. The rest seem "normal." But this is selection bias, not evidence of an unhypnotizable population.

The Reality

Nearly everyone can be hypnotized to some degree. Research by Paul Rogers demonstrated this by showing that people classified as "non-hypnotizable" on the Stanford Scale did exhibit measurable hypnotic responses (such as reduced pain perception) when given hypnotic instructions outside the formal scale. The differences between highly and minimally hypnotizable people are often more about the *type* of induction used than total capacity for trance.

High hypnotizability predicts stronger responses to standard suggestions (arm levitation, amnesia, color blindness). Lower levels may still yield benefits through tailored techniques such as paced breathing, externally focused cues, or metaphoric storytelling.

As *Hypnosis in Pop Culture: Fact vs Fiction* notes: "A 20 to 40 percent strong responsiveness range is common, with others responding moderately or minimally." But "minimally" still counts. Even a light trance can produce relaxation, pain reduction, improved focus, and behavioral change.

The factors that influence hypnotizability include: - **Attention and absorption:** The ability to focus on inner experiences. - **Expectation and rapport:** Belief in the process and trust in the guide. - **Motivation and goal clarity:** Personally meaningful objectives boost engagement. - **Mood**

and stress levels: Lower anxiety and calmer states improve receptivity. - **Age and cognitive style:** Developmental stage and thinking patterns modulate responsiveness. - **Imagination:** Those with a vivid imagination often find it easier to enter a trance state. - **Openness to new ideas:** Willingness to entertain new possibilities.

Myth 4: "Hypnosis Is a Form of Sleep"

The Myth

Hypnosis is frequently described as "falling asleep" or being put into a special kind of sleep. Sleep therapists use the phrase "hypnotic sleep." TV shows depict subjects lying motionless with closed eyes, snoring softly. The public largely equates hypnosis with sleepor at least a half-sleep state.

Origins of the Myth

The sleep myth dates back to the 18th and 19th centuries when early hypnotists like Mesmer and Braid used terminology derived from sleep science. Braid coined the term "hypnotism" from the Greek word *hypnos*, meaning sleep. Later, the French neurologist Hippolyte Bernheim called hypnosis "suggestion," and it took decades for the scientific community to disentangle hypnosis from sleep.

In stage hypnotism, subjects are often asked to lie down with eyes closedwhich looks like sleep to an audience. In clinical settings, inductions often begin with "close your eyes and relax," further cementing the sleep association.

The Scientific Evidence

Electroencephalogram (EEG) studies have definitively shown that hypnosis is **not sleep**. The brain waves of a hypnotized person are fundamentally different from those of a sleeping person: - **Hypnosis:** Shows increased activity in the frontal lobe and reduced activity in the default mode network (DMN)the brain's "self-referential" system. Beta and theta waves dominate. - **Sleep (Stage N1-N2):** Shows different wave patterns (theta, sigma spindles, K-complexes). - **REM sleep:** Shows rapid eye movement, muscle atonia, and dream-level brain activity that mirrors hypnosis but is deeper and more autonomous.

As Ivan Tyrrell explains in *The Use and Abuse of Hypnosis*: "The deepest trance of all is dreaming. It is the most basic form of trance and it is first experienced in the womb when the foetus starts manifesting REM (rapid eye movement) sleep." Hypnosis accesses the "REM state" (a state physiologically akin to REM sleep), but it is not sleep itself.

The Reality

Hypnosis is a **state of focused attention**, not sleep. People under hypnosis remain aware of their surroundings and can respond to suggestions. You can talk, laugh, eat a sandwich, or walk across the stage during hypnosis. Your conscious mind is active and engagedperhaps more focused than usual, not less conscious.

Ivan Tyrrell identifies several half-truths surrounding this myth: - "Hypnosis has nothing to do with sleep it is just an extremely relaxed state." **Wrong.** Hypnosis is very directly related to sleep: the REM/dreaming stage of sleep is the deepest trance state of all. - "You will be aware of everything that is said to you." **Not always.** When people go into deep trance, they often have

no conscious memory of what the therapist said, paralleling the amnesia for dreams. But they registered it subconsciously.

Myth 5: "A Person's Moral Code Will Protect Them from Doing Anything Against Their Will"

The Myth

The idea that "you can't be made to do anything you don't want to do under hypnosis" is widely taught and widely believed. Proponents say the unconscious mind acts as a protective guard, ensuring the person never does something contrary to their morals.

Origins of the Myth

This comforting idea was popularized by sociocognitive theorists who wanted to distance hypnosis from the "state" theories of the past. If hypnosis is just focused attention and role-playing, then the person is always in control. Irving Kirsch's research showing that much of hypnosis's effect comes from expectation and motivation lent weight to this view.

The Evidence Against It

Ivan Tyrrell makes a powerful counter-argument in *The Use and Abuse of Hypnosis*: "We know simply by delving into the history of hypnosis of many examples of unwanted influence. There are many modern day incidents, some of which are recorded on CCTV cameras, such as cashiers being hypnotised and handing over the money in their tills because they were put into a trance state, or people being shocked into trance and robbed in the street."

Historical examples include: - **Cashier hypnosis:** Teller hypnotized by a customer, opens till, hands over money. - **Pocket-robbery demonstrations:** Subjects pickpocket hypnotists during a show without realizing it. - **Suggestible compliance in experiments:** Subjects gave electric shocks higher than medical norms, continued despite pain, and performed impossible physical feats.

The Rogue Hypnotist observes in *Forbidden Hypnotic Secrets*: "The 'unconscious' is very wise" is a half-truth. "The unconscious is not necessarily wise at all. It is very much influenced by how we are brought up, our life experiences and the culture we live in... As far as the unconscious mind is concerned the GIGO rule applies: garbage in, garbage out."

The Reality

The moral code is a **filter**, not an absolute barrier. A person under hypnosis will tend to reject suggestions that violate deeply held values (a religious person won't dance wildly on a table if it offends their faith; a non-swearer might not swear if the suggestion doesn't fit their context). But the moral code is malleable: - **Context matters:** If the hypnotist says, "You will forget you are at a church and instead believe you are at a party," the subject may dance and laugh without moral conflict. - **Abstract suggestion:** Hypnotic

suggestions are often vague ("you will feel drawn to give something to me"), leaving room for interpretation. - **Emotional override:** When strong emotions are aroused in trance, rational moral filtering can diminish.

Myth 6: "Hypnosis Is Safe with No Unpleasant Side Effects"

The Myth

Hypnosis is often marketed as completely safe, gentle, and free of side effects. Some practitioners proudly declare: "Hypnosis has no risks!" to reassure skeptical potential clients.

Origins of the Myth

This myth stems from the generally positive reputation of hypnotherapy and the fact that most side effects are mild and transient. When a client leaves a hypnosis session feeling relaxed, any negative effects are easily overlooked. Additionally, adverse effects may not be reported to the hypnotistthey may occur at home.

The Evidence

John Gruzelier's comprehensive 2000 review, *Unwanted Effects of Hypnosis: A Review of the Evidence and Its Implications*, documented adverse effects across experimental, clinical, and stage settings. Key findings: - **Experimental setting:** Up to 38% of participants experienced some unwanted reaction during or after hypnosis. Symptoms included headaches, dizziness, anxiety, drowsiness, body-image distortions, vivid dreams, and temporary cognitive confusion. - **Clinical setting:** Adverse reactions included panic attacks, precipitation of psychosis in vulnerable individuals (first-episode schizophrenia), abreaction (emotional release tied to past trauma), and over-dependence on the therapist. - **Stage hypnosis:** Higher incidence of severe effects, including dissociative states, stupor, post-show amnesia lasting days, epileptic-like seizures, and even Sudden Death Syndrome in a woman with a childhood fear of electricity.
The unwanted effects documented in the literature include: extreme fatigue, antisocial acting out, anxiety, panic attacks, attention deficit, body/self-image distortions, comprehension/concentration loss, confusion, impaired coping skills, delusional thinking, depression, depersonalisation, dizziness, fearfulness, headache, insomnia, irritability, impaired or distorted memory, nausea and vomiting, and uncontrolled weeping.

Why High Hypnotizability Increases Risk

Paradoxically, people who respond *best* to hypnosis are the most likely to experience unwanted effects. High hypnotizability means deeper trance, stronger suggestibility, and greater emotional absorptionall of which amplify responses, positive and negative.

Myth 7: "Hypnosis Uncovers Buried Memories Like a X-Ray for the Mind"

The Myth

Movies frequently portray hypnosis as a tool that can unlock perfectly retained memories from years ago, revealing hidden crimes, childhood abuse, or lost treasures. The image of a witness in a hypnosis session vividly recalling a crime they experienced decades earlier, with perfect detail, is a courtroom staple.

Origins of the Myth

The memory myth has roots in 19th-century hypnosis practice, where doctors used hypnosis to retrieve forgotten traumatic memories. In the 1980s and 1990s, "recovered memory therapy" reached a cultural peak, with whole families split apart over supposed memories of parental abuse uncovered under hypnosis. Elizabeth Loftus's research on "false memory syndrome" showed how easily memories could be implanted or distorted through suggestion.

The Reality

Hypnosis does **not** guarantee accurate memory retrieval. Several factors complicate hypnotic memory: 1. **Suggestibility:** Under hypnosis, people are highly suggestible. A simple leading question ("What color was the car?") can create a "memory" of a color that was never there. 2. **Confabulation:** The mind fills gaps in memory with plausible details. Under hypnosis, this process can produce vivid but entirely fabricated memories. 3. **Source amnesia:** People may remember an event vividly but be unable to distinguish whether it actually happened, was dreamed, was imagined, or was described by someone else. 4. **Time distortion:** Time perception is dramatically altered under hypnosis. A minute can feel like an hour; an hour can feel like a second. This distorts chronological recall.

Hypnosis in Pop Culture: Fact vs Fiction summarizes the myth-busting: "Hypnosis can aid focus, but memory recall is not a guarantee. When memories surface, they should be cross-checked with diaries, therapist notes, and, if possible, corroborating witnesses."

False Memory Syndrome: A Case Study

In one famous 1980s case, a young woman recalled in therapy that she had been repeatedly raped by a group of Satanists. Years later, it emerged that the "memory" had been confabulatedthe therapists had unintentionally suggested the details during sessions. The European Therapy Studies Institute held the first major seminar alerting clinicians to "false memory syndrome" as a result.

Myth 8: "You Need Special Props to Be Hypnotized"

The Myth

Many people believe that hypnosis requires a swinging pocket watch, a pendulum, special crystals, or some other mystical object. Without these props, they imagine, hypnosis simply won't work.

Origins of the Myth

The pocket watch and pendulum are iconic symbols of hypnosis, derived from 19th-century stage shows and Victorian-era mesmerism. The visual of a swinging object is dramatic and cinematic, making it the default image for hypnosis in popular culture.

The Reality

Props are **optional**. Nearly every major induction method in the history of hypnosis works without any physical object: - **Eye fixation:** Staring at a point on the wall induces trance through fatigue and focused attention. - **Handshake induction:** Interrupts normal handshaking pattern, dropping the person into trance instantly. - **Fractionation:** Opening and closing eyes repeatedly deepens trance progressively. - **Progressive relaxation:** Relaxing body parts from head to toe. - **Conversational hypnosis:** Using language patterns, tone, and pacing without any prop. - **Shock induction:** A sudden noise or gentle physical startle can bypass the conscious mind instantly.

As Anthony Jacquin demonstrates in impromptu street hypnosis, all that is needed is the hypnotist's voice, intent, and the subject's willingness to pay attention. The "hypnotic stare"simply looking into someone's eyes for slightly longer than normalis itself a propless induction.

Myth 9: "Hypnosis Always Requires Someone to Hypnotize You"

The Myth

Hypnosis is often viewed as something that happens *to* you, not something you *do*. People assume they need a trained practitioner, a recording, or at least another person to guide them into trance.

The Reality

Self-hypnosis is not only possibleit is the foundation upon which all hypnosis rests. Whether you are hypnotized by someone else or by yourself, the mechanism is the same: focused attention, reduced peripheral awareness, and increased suggestibility. A skilled hypnotist essentially teaches the subject how to hypnotize themselves.

Self-hypnosis can be used for: - Pain management - Anxiety and stress reduction - Sleep improvement - Confidence building - Habit change (smoking, overeating, nail-biting) - Performance enhancement (sports, academics, public speaking) - Creativity and problem-solving

The *Forbidden Hypnotic Secrets* book includes an entire appendix (Appendix 10) on "Stopping Allergic Reactions Using Authoritarian Hypnosis"demonstrable proof that a person can hypnotize themselves to alter physiological responses.

Myth 10: "Hypnosis Can Make You Do Things You Would Normally Never Do"

The Myth

Building on the mind control myth, this version claims that hypnosis can make you sing on stage, dance like a chicken, drink hot sauce, or perform embarrassing feats that your conscious self would normally refuse.

The Reality

The key phrase is "normally never do." Under hypnosis, people **rarely** do things they would normally find intolerable. At a stage show, volunteers do perform silly actsbut they are highly suggestible people who *wanted* to be selected, and the suggested actions are fun and social. They would not normally find clucking like a chickens intolerable.

Research by Barber (1985), Gruzelier (1980), and others has shown that hypnotized people are actually **more aware** of their surroundings than non-hypnotized people, just focused more narrowly. They will stop a task in progress if something important happens (a fire alarm, someone calling their name). They will not perform actions that are completely outside their comfort zone without preparation.

A non-swearer might swear under hypnosis if the contextual suggestion makes it appropriate. But "hypnotize a non-swearer to swear during a church wedding" usually fails unless the hypnotist sets up the right context.

Myth 11: "You Remember Everything That Happened During Hypnosis"

The Myth

People are often told before hypnosis: "You'll remember everything that happens." This is intended to reassure them, but it is not always true.

The Reality

Mild trance states usually preserve memory. Deep trance states often produce **posthypnotic amnesia**the subject remembers the session happening but cannot recall the specific suggestions, imagery, or conversation that occurred during it. This parallels normal dream amnesia: you don't remember most of what happens in a dream, even though your brain processed it.

Ivan Tyrrell notes: "Sometimes that is the case when someone is in a light trance but very often it is not, and that again parallels with dreaming, since we don't remember most of our dreams. When people go into a deep trance, they often have no memory of what the therapist said. That is not to say that they didn't register it, but they cannot consciously recall it."

Posthypnotic amnesia is usually temporary, lasting seconds to hours. But in deep somnambulic states, it can persist for days if a posthypnotic suggestion reinforces it ("You will not remember this session for one week").

Myth 12: "Hypnosis Is Supernatural or Mystical"

The Myth

Hypnosis is sometimes described as an occult power, a psychic ability, or a connection to mystical realms. Practitioners who claim to "see past lives" or "read auras" under hypnosis reinforce this notion. The general public often sees hypnosis as "magical" because of the dramatic transformations it produces.

The Reality

Hypnosis rests on well-established cognitive and neurophysiological processes: - **Attention narrowing:** Focused attention on internal experience or the hypnotist's voice. - **Expectation effect:** Belief that hypnosis will work increases its effectiveness. - **Dissociation:** The ability to separate conscious awareness from sensory input. - **Default mode network suppression:** Reduced self-referential thought, leading to feelings of unity and flow. - **Pattern matching:** The brain matches hypnotic suggestions to stored memories and experiences, generating personalized responses.

As *Hypnosis in Pop Culture: Fact vs Fiction* explains: "Hypnosis rests on cognitive processes like attention and expectation. It is a clinical tool, not magic. Practitioners rely on standardized protocols, measurable outcomes, and transparent explanations."

Myth 13: "Hypnosis Instantly Creates Permanent Change"

The Myth

Pop culture portrays hypnosis as a one-session cure-all. A person walks in with a phobia, gets hypnotized once, and walks out permanently cured.

The Reality

While hypnosis can produce dramatic changes quickly, lasting change typically requires: 1. **Multiple sessions** to reinforce suggestions and address underlying patterns. 2. **Self-hypnosis practice** to maintain and deepen the effects. 3. **Addressing root causes** (conditioning, trauma, belief systems) rather than just symptoms. 4. **Real-world application** of new behaviors after the session.

Some changessuch as pain reduction or anxiety reliefcan be strikingly immediate. But permanent behavioral change (quit smoking, lose weight, overcome a phobia) is rarely one-and-done. As the Rogue Hypnotist notes in *Powerful Hypnosis*: "Hypnotherapy does not 'reprogram' the brain. It causes the reorganisation of already existing subconscious structures." These reorganizations need reinforcement.

Myth 14: "You Can't Drive After Hypnosis"

The Myth

Many people worry that they will be too "out of it" to drive home after a hypnotherapy session. Some practitioners even advise clients not to drive after hypnosis.

The Reality

In a **light or moderate trance**, which is the most common in clinical practice, people are fully capable of driving. They may feel relaxed and contenta good thing at the wheel. However, in very deep trance states, temporary drowsiness or mild confusion may last a few minutes after awakening, similar to the "groggy" feeling after waking from a deep nap. Most practitioners ensure clients are fully alert before they leave. For extreme caution, waiting 10 minutes post-session is sufficient.

Myth 15: "Hypnosis Replays Memories Like a Video Camera"

The Myth

When people under hypnosis describe childhood memories, they often seem to be recounting events with perfect clarity and detail. This has led to the myth that hypnosis plays back memories like a home videoin fact.

The Reality

Hypnotic memories are **reconstructions**, not recordings. Every time we recall a memory, the brain rebuilds it from fragmentsand can alter it in the process. Under hypnosis, this reconstruction is heightened because the subject is highly suggestible and emotionally engaged. Memories recalled under hypnosis often feel vivid and cinematic but may differ from what actually occurred.

Summary Table of Myths vs Reality

Myth
Hypnosis is mind control
You can get stuck in hypnosis
Only certain people can be hypnotized
Hypnosis is sleep
Moral code protects you absolutely
Hypnosis has no side effects
Hypnosis reveals perfect memories
Props (watches, pendulums) are needed
Someone else hypnotizes you
Instant permanent change
You can't drive after hypnosis
Hypnosis records memories perfectly
Hypnosis is mystical/occult
Non-hypnotizable people exist

The Pop Culture Effect on Public Perception

The ways media portray hypnosis directly shape clinical expectations, advertising effectiveness, and everyday interactions. As *Hypnosis in Pop Culture: Fact vs Fiction* outlines, common media tropes include: - Complete loss of control vs. situational agency - Immediate revelations vs. nuanced memory recall - Instant dramatic induction vs. rapport-dependent depth - Universal susceptibility vs. individual variability - Absolute manipulation vs. ethical limits with informed consent - Supernatural powers vs. clinical/hypnotic practice

When creators foreground consent, variability in response, and ethical boundaries, audiences gain a clearer understanding. When media glosses over these details, the result is a myth-laden public perception that can hinder both therapeutic effectiveness and public trust.

Why Debunking Myths Matters

Removing myths from hypnosis is not just an academic exerciseit has practical consequences: 1. **Therapeutic outcomes improve** when patients expect realistic results rather than magical transformations. 2. **Informed consent deepens** when patients understand they are collaborators, not passive recipients. 3. **Research advances** when practitioners accurately describe what hypnosis does and doesn't do. 4. **Public trust builds** when hypnosis is presented as a legitimate psychological process rather than an occult art. 5. **Professionals avoid harm** when they understand risks like false memories, unwanted effects, and susceptible populations.

As Ivan Tyrrell concludes: "Hypnosis is not a state of consciousness at all; it is any artificial means of accessing the REM state. Thus hypnosis is a process, separate from the trance state that it induces, and its effects are no longer mysterious."

Debunking myths doesn't diminish the wonder of hypnosisit enhances it. When you understand what hypnosis truly is, it becomes even more remarkable: a natural brain process accessible to virtually anyone, capable of producing profound changes in perception, behavior, and inner experience, without magic, without mystery, and without the need for a swinging pocket watch.

Summary

This chapter systematically examines 15 widely held myths about hypnosis and replaces each with evidence-based facts. The myths covered include: hypnosis is mind control, you can get stuck in hypnosis, only certain people can be hypnotized, hypnosis is sleep, your moral code protects you absolutely, hypnosis has no side effects, hypnosis reveals perfect memories, special props are needed, someone else must hypnotize you, hypnosis creates instant permanent change, you can't drive after hypnosis, hypnosis records memories perfectly, hypnosis is mystical, and non-hypnotizable people exist. Each myth is traced to its historical or pop-cultural origins, supported by EEG research, clinical studies (Hilgard, Kirsch, Rogers, Loftus, Gruzelier, Tyrrell), and real-world examples. Key takeaways: hypnosis is a state of focused attention (not sleep), always collaborative and voluntary, nearly everyone can experience it to some degree, memories recalled under hypnosis are reconstructed and subject to suggestion, side effects occur in up to 38% of cases, props are optional, and lasting change requires multiple sessions and practice. Debunking these myths improves therapeutic outcomes, informed consent, research accuracy, and public trust in hypnosis as a legitimate cognitive and neurophysiological process.

Chapter 17: Safety, Ethics & Common Sense

The Responsible Hypnotist

Hypnosis is a powerful tool. It can relieve pain, dissolve phobias, accelerate healing, and entertain entire audiences. It can also produce unwanted effects, create false memories, induce anxiety, and in rare cases, precipitate psychosis in vulnerable individuals. The difference between beneficial hypnosis and harmful hypnosis is not the technique. It is the safety, ethics, and common sense of the person using the technique.

Every hypnotist whether clinical, stage, street, or self-hypnotizer carries responsibility. That responsibility falls into three categories: safety (preventing physical and psychological harm), ethics (respecting autonomy and doing good), and common sense (practical judgment that no textbook can fully encode). This chapter covers all three in extreme detail, drawing on the full spectrum of sources from laboratory research to stage shows, from Ericksonian therapy to impromptu street hypnosis.

PART I: SAFETY

Safety in Experimental Hypnosis

The classic experiments of Ernest Hilgard at Stanford University documented the first systematic reports of unwanted effects following hypnosis. In a 1961 study using the Stanford Hypnotic Susceptibility Scale, 8.5% of subjects reported adverse consequences, primarily headaches and regressive dreams with affinities to the hypnotic experience. A 1974 follow-up study with higher cognitive loading produced a thirty-one percent incidence of adverse reactions including drowsiness, cognitive distortion, anxiety, dreams, headaches, dizziness, nausea, and stiff neck. One subject experienced complete amnesia for most of the day, including forgetting their own name.

The critical finding was that previous adverse reactions to chemical anesthesia in childhood significantly predicted later adverse effects of hypnosis. A subject who had struggled under anesthesia as a child, experienced an excessive dose, or heard a countdown reaching fifty was far more likely to report headaches, nausea, or strange body sensations after hypnosis. This association was statistically significant with p less than zero point zero zero one.

Hilgard's 1965 safeguard recommendations remain foundational: use non-personal inductions when possible; treat age regression and dream induction in as neutral a manner as possible; monitor subjects carefully for untoward responses; debrief reactions appropriately; arrange therapeutic follow-up if necessary. The original Harvard Group Scale included an extensive preamble to demystify hypnosis, diffuse negative preconceptions, allay anxieties, and build a positive working partnership with the subject. All suggestions were carefully removed during dehypnosis, even if the subject did not apparently respond. The age regression item was specifically worded to take the participant back to a nice day, not any day, and to a benign situation such as sitting in class writing.

Page and Handley conducted the largest formal study on unwanted effects, administering the Harvard Group Scale to six hundred and eighty-seven subjects ranging in age from seventeen to sixty years. Forty-four point one percent experienced some unwanted reaction during or after hypnosis. Twenty-one point four percent reported short-term effects lasting five minutes to one hour, including headaches, dizziness, confusion, drowsiness, anxiety, and nausea. Sixteen point seven percent reported both short-term and long-term effects, with long-term effects persisting up to two days. Their strategies a demystifying lecture, telling subjects no treatment was taking place, removing references to after-effects from the induction reduced long-term adverse effects from nineteen point seven percent in controls to thirteen point eight percent.

John Gruzelier's 2000 comprehensive review established the full spectrum of unwanted effects. In experimental settings, unwanted reactions were

positively associated with levels of hypnotic susceptibility. High hypnotizability meant deeper trance, stronger suggestibility, and greater emotional absorption all of which amplified responses, positive and negative. The cognitive effects anxiety, confusion, distorted memory, hallucinations were more common with higher susceptibility. The non-cognitive effects drowsiness, autonomic signs, headaches, nausea were associated with lower susceptibility but were not exclusive to it.

Safety in Clinical Hypnosis

Clinical hypnosis carries higher stakes than experimental hypnosis because it addresses patients with psychopathology, not just college students. The literature cautions against precipitating severe anxiety reactions and psychosomatic disturbances in patients with known or suspected psychopathology.

The most severe clinical complication is psychosis. Auerbeck surveyed one hundred and twenty California psychiatrists in sixty-two, of whom reported two hundred and ten incidents of adverse reactions to hypnosis. Just over half of those incidents, one hundred and nineteen, concerned the precipitation of a psychotic episode. Rosen and Bartemeier reported a detailed case of first episode psychosis following the removal of neurodermatitis with hypnosis. Dick-Read reported prepsychotic obstetric cases becoming chronically psychotic following hypnotherapy, as could happen following chemical anesthesia.

Leverit and Hershman reviewed three hundred and one questionnaire responses from members of the American Society of Clinical Hypnosis. The most frequent adverse reactions were anxiety, panic, and depression at nine point six three percent, followed by headache, vomiting, fainting, and dizziness at four point nine eight percent, crying and hysteria at two point nine nine percent, and overt psychosis at one point six six percent.

The dangers specific to clinical hypnosis include:

- **Psychosis precipitation:** First episode schizophrenia in previously undiagnosed borderline paranoid individuals, typically in patients with a history of emotional stress.
- **Abreaction:** Emotional release tied to past trauma, sometimes producing cathartic crying, body tremors, or a sense of being stuck at the bottom of an imagined descending staircase.
- **Over-dependence:** Clients who become increasingly reliant on the therapist, losing their own volition after repeated hypnosis sessions.
- **Suggestion of inappropriate content:** The hypnotist's ideas absorbed by the patient may be positive in intent but unsuitable for the patient's personality. The unconscious operates on a GIGO rule garbage in, garbage out.
- **Delayed traumatic abreaction:** A subject may show no reaction during or immediately after hypnosis but undergo a change in

personality the next day, agitated and distressed, because something bad was wrong with their mind.

Barber's case of an intensive care nurse illustrates this delay perfectly. She underwent a weekend workshop on clinical hypnosis and descended an imaginary staircase with no untoward reactions. The next day she experienced a prolonged abreaction, feeling stuck at the bottom of those steps, followed by absorption in a powerfully noisy, terribly frightening emotional catharsis related to actual childhood abuse by her mother. The hypnosis session the day before had resurrected memories that her mind was not ready to process.

Screening vulnerable individuals: The responsible clinical hypnotist screens for the following: patients with psychotic or borderline paranoia history, prepsychotic schizophrenic patients, schizoid personality types, overly dependent personality types, and deeply depressed patients. For high-risk subjects, the hypnotist uses lighter trances, avoids age regression, avoids dream induction, avoids personal items, uses neutral language, and provides thorough debriefing.

Gruzelier documented two case reports of first episode schizophrenia one following hypnotherapy and one following stage hypnosis. The stage hypnosis case involved a physically healthy mother found dead early in the morning following stage hypnosis. Since childhood she had a phobia of electricity after being thrown across a room touching a live switch. The show ended with the hypnotist saying that when he said "goodnight," participants would feel ten thousand volts of electricity through their chairs. At that point she flew off her chair, and was found dead at dawn. The mechanism may have been Sudden Death Syndrome the combination of electric phobia and the hypnotically induced suggestion of ten thousand volts created a psychophysiological cascade.

Safeguards against clinical adverse effects:

- Obtain thorough history before treatment.
- Avoid deep hypnosis in patients with emotional stress.
- Avoid age regression in susceptible patients.
- Avoid dream induction in susceptible patients.
- Use non-personal items in induction when possible.
- Remove all suggestions during dehypnosis, even those the subject apparently did not respond to.
- Provide a positive posthypnotic awakening suggestion.
- Monitor the patient closely during and after the session.
- Arrange for therapeutic follow-up if necessary.
- Never allow a patient to leave the room alone if they are still showing signs of deep trance, dizziness, or unusual behavior.
- Give the patient a clear posthypnotic deprogramming suggestion: "You will feel fine. You will have no headache or other after effects."

Safety in Stage Hypnosis

Stage hypnosis produces the highest incidence of severe adverse effects. The reasons are obvious: large crowds of poorly screened volunteers, loud environments, emotional arousal, long periods in trance, and hypnotists who range from self-taught amateurs to professionals of varying caliber.

Echterling and Emmerling interviewed eighteen students who performed on stage during a three-hour stage hypnosis show. Six reported amnesia for some events immediately after the show; five of these lasted several days. Five subjects reported specific negative after-effects. One ran out of the auditorium, down the hall, and started to cross the field. Another did not sleep for two days, hibernated, hid from everybody, and felt that it had messed up everything. A third behaved in a manic fashion for six hours, unable to sleep or concentrate. Several days after the show, a fourth entered trance spontaneously upon hearing harmonica music on the radio and was awakened only by a weather broadcast.

Kleinhauz documented a forty-one-year-old woman who, immediately following stage hypnosis, felt distressed. The next day she manifested a dissociative state with childish behavior, derealization, and depersonalization. For eleven years afterward, dissociative periods recurred, including regression to childhood behavior, speaking only in French as she had done in her childhood. The cause was traced to two elements in the stage show: she had been asked to imagine descending in an elevator from the tenth floor but could not descend below the sixth floor, matching a childhood trauma in a hospital elevator that had jammed on the sixth floor; the hypnotist had age-regressed her to a lengthy trauma during the Second World War.

Kleinhauz reported a severely medically and socially normal teenage girl who felt unwell immediately after stage hypnosis, her tongue collapsed and threatened to strangle her, her eyes rolled into their sockets, and she entered a stupor. All medical tests were negative except loss of the sense of touch. She was brought out of the state a week later by two four-hour sessions of hypnosis, returned to school, relapsed three months later, and was fully recovered after six months of weekly sessions.

An elderly man in a stage show was instructed that he was a crack shot and the best cowboy in the Wild West. Following the show he felt restless, confused, with "something missing" in his head, went out, and stole a gun out of character, with no previous history of antisocial behavior.

Physical safety on stage: The subject who is instructed to be human plank and falls stiff as a board can suffer physical damage. A subject instructed to go to the toilet in the quickest way possible may jump off the stage and break a leg. The subject given an electric shock suggestion may experience convulsions or cardiac arrest. The subject asked to perform physically demanding feats on stage may strain a muscle or ligament.

The safeguards for stage hypnosis include:

- Ensure subjects are securely seated before rapid inductions so they cannot fall.
- Never suggest actions that risk injury (jumping, running, holding arms rigid overhead for prolonged periods).
- Avoid deep trance in subjects who are standing rather than seated.
- Avoid electric shock suggestions in subjects with known epilepsy or heart conditions.
- Ensure the subject has not consumed excessive alcohol before going on stage.
- Have a clear recovery area off-stage where subjects can regroup after the show.
- Monitor subjects post-show for ten to fifteen minutes before releasing them, especially those who showed strong trance responses.
- Give a clear mass awakening suggestion at the end of every show.
- Avoid suggesting actions that match old traumas for individual subjects during the show.

Safety in Street Hypnosis

Street hypnosis, impromptu hypnosis, and walk-up hypnosis carry unique safety challenges. The subject is not in a controlled environment. They may be standing, walking, or sitting on a bus. The hypnotist has minimal time for pretalk. The subject may walk away at any point.

Anthony Jacquin's fundamental safety rule: always make sure the person you are hypnotizing is securely sitting down before giving the "sleep" command. If doing street hypnosis with a standing subject, give a safety suggestion: "Your legs will support you comfortably." For rapid inductions that include a physical component, ensure the subject has a handhold or stable posture.

Jacquin also taught an ethical rule: "With this ability comes responsibility. Hypnosis can be used for fun, to create laughter and produce wonderful therapeutic changes in people. It can just as easily result in confusion, fear and unhelpful changes. If you know what you are doing then the chances of causing even temporary distress or upset are extremely small."

Douglas's *Rapid Street Hypnosis* added the principle of the secure environment: "Before you do ANY of the below, make sure the person you're hypnotizing is securely sitting down, so that they can't fall!" This simple rule prevents the most common physical injury in street hypnosis falling during or immediately after an instant induction.

Safety in cold approaches: When approaching a stranger on the street with "Hey, I'm Dave and I'm a hypnotist. Can I show you something cool?" the hypnotist sets a frame of hypnosis, creates expectation, and maintains flexibility. The subject retains the right to walk away. After the session, give a clear awakening: "On three you'll be wide awake, alert, feeling great."

Offer water if the subject has been standing in the sun. Do not linger overlong if the subject appears eager to move on.

Safety in Self-Hypnosis

Self-hypnosis is generally the safest form. The subject is also the operator. The risks are minimal but not zero. A self-hypnotizer practicing deep trance while driving may become too deeply absorbed to notice traffic. A person using self-hypnosis for sleep should use an awakened suggestion rather than allowing trance to merge with natural sleep onset, to avoid waking confused in the middle of the night. A person practicing age regression or visualization alone should have a posthypnotic suggestion anchoring them back to ordinary awareness: "When I open my eyes, I will be fully alert and comfortable in my body."

The safety rule of self-hypnosis: Keep sessions in a safe place. Do not practice deep trance while walking, driving, or swimming. Always use an awakening suggestion. Do not practice self-hypnosis more than once daily without knowing what you are doing deeper levels can produce lingering absorption that feels like grogginess.

PART II: ETHICS

Informed Consent

Informed consent means the subject understands what hypnosis is, what will happen during the session, what they may experience, and what the expected outcome is. It means the subject voluntarily agrees to participate and retains the right to decline or withdraw at any time.

Ivan Tyrrell identified several components: - **Transparency:** The hypnotist explains their methods, goals, and the nature of the process. - **Voluntary participation:** The client feels free to choose participation without coercion. - **Right to withdraw:** The client can step away at any time without negative repercussions.

Rob Perin added: - Informed consent isn't just a signed form it's a clear dialogue. - Clients should be told they might experience emotions, body sensations, vivid imagery, or dreamlike states. - They should know they will not forget what happens unless a posthypnotic amnesia suggestion is given. - They should be told to feel free to move, speak, or open their eyes if they need to. - They should understand that hypnosis is not sleep, that they are aware of everything, and that they will not do anything they wouldn't normally do.

For stage hypnosis, consent is usually verbal and immediate: the subject steps on stage, the hypnotist explains basic instructions, and stepping forward constitutes agreement. For clinical hypnosis, consent should be more thorough: explaining the goal (smoking cessation, anxiety reduction, pain management), the process (induction, suggestions, emergence), and the expected outcome.

Respecting Autonomy

All hypnosis is self-hypnosis a principle articulated by every author in the source material, from Hilgard to Jacquin to Monica Geers Dahl. The hypnotist is a helper, a guide, an assistant with tools. The subject does the work. The hypnotist cannot force a suggestion into the unconscious mind. The subject must accept it.

This creates an ethical obligation: respect the subject's autonomy by allowing them to choose which suggestions to accept. Offer suggestions as possibilities ("if you'd like to, you might notice...") rather than commands ("your arm will rise"). Even in authoritarian stage hypnosis, the subject chooses to raise their arm the suggestion only works if the subject cooperates.

Tyrrell wrote: "Hypnosis is not a state of consciousness at all; it is any artificial means of accessing the REM state." The hypnotist activates the process, but the subject's brain does the work. The ethical hypnotist remembers this distinction and never treats the subject as a puppet.

Integrity of the Hypnotist

The integrity of the person doing the therapy is, according to Tyrrell, the first factor determining whether trance work does harm or good. Integrity includes: - Sincerity in intent to help. - Competence in technique. - Self-awareness recognizing when ego is taking over. - Humility knowing the limits of one's skill. - Professionalism dressing appropriately, arriving on time, maintaining a clean and comfortable environment.
The Rogue Hypnotist emphasized: "I invented this system. No one else does it." This was not arrogance but confidence in a method refined over years of real-world sessions. The important ethical principle: if you claim to cure something, make sure you can. If you say you can cure smoking in one session, make sure most of your clients quit smoking. If someone doesn't respond, know when to move on or refer out.
Ivan Tyrrell identified the "ego pitfall": hypnotists who discover they can easily put people into trance may develop ego inflation, believing the phenomenon is due to their special powers rather than the subject's responsiveness. The ethical hypnotist attributes success to collaboration, credits the subject's willingness, and puts their own ego aside.

Confidentiality

The subject shares personal experiences, images, emotions, and sometimes memories during hypnosis. The ethical hypnotist keeps these private: "What happens in the chair stays in the chair." For stage hypnosis, the subject's behavior is public, but their internal experience (dreams, memories, sensations) is usually private unless they choose to share.
Tyrrell's rule: "Closing the gate properly when we leave" the idea that using hypnosis repeatedly with an individual weakens them because it opens their mental territory. The ethical limit: therapy should be as brief as possible, the aim being to help people detach and cope alone, not become dependent on the hypnotist.

Ethical Boundaries in Stage Hypnosis

Stage hypnosis has different ethical parameters than clinical hypnosis. The expectations are entertainment, not cure. The primary ethical obligations are:

- **Dignity:** Every subject leaves the stage happy. No subject is left embarrassed, humiliated, or confused.
- **Safety:** No physical injuries. Subjects are seated. Suggested actions are within physical capability.
- **Variety of phenomena:** Different subjects get different suggestions so everyone feels included. Not everyone gets the opera singer routine.
- **Age-appropriate content:** For family audiences, avoid risqu�� suggestions. For adult audiences, more variety is acceptable.
- **Mass awakening:** Every subject on stage is awakened. Never leave a subject in trance when the show ends.

- **Post-show rapport:** Thank each subject by name. Shake their hand. Make them feel appreciated. This closes the session ethically.

The Rogue Hypnotist noted: "You've given them a free entertainment as they go about their shopping *etc.* will put a smile on their face, they'll remember you and because you gave them a freebie they will most likely want to return the favour." This principle giving something before asking something is both ethical and effective.

PART III: ETHICAL CONCERNS AND DARK SIDE APPLICATIONS

Misuse and Manipulation

Hypnosis can be misused. The Rogue Hypnotist documented: - Cashiers being hypnotized and handing over their till money. - People being shocked into trance and robbed in the street. - Suggestible compliance in experiments where subjects gave electric shocks higher than medical norms, continued despite pain, and performed impossible physical feats.
Ivan Tyrrell's example: "People's moral codes are as flexible and changeable as the climate." A person's moral code is a filter, not an absolute barrier. Under hypnosis, context can override normally-held values. A religious person asked to dance at a church wedding may dance if told "you'll forget you're at a church and believe you're at a party." A non-swearer may swear if the contextual suggestion makes it appropriate. A non-smoker may light a cigarette if told "this cigarette tastes delicious and you've been smoking it for years."
The Dark Side of Hypnosis and NLP identified specific manipulative techniques:
Gaslighting: Causing someone to doubt their own reality or feelings, making them more reliant on the manipulator's guidance. **Emotional blackmail:** Inflicting guilt or fear to compel compliance. **False urgency:** Imposing timelines that pressure decisions without reflection. **Isolation:** Removing individuals from their support systems to increase dependency.
Using sensitive information: Leveraging vulnerabilities gained during sessions against the subject's interests.
George Hutton's *Covert Hypnosis* documented the danger of "The Unconscious Is Very Wise" half-truth: the unconscious is not necessarily wise at all. It is influenced by upbringing, life experiences, and culture. For the unconscious mind, the GIGO rule applies: garbage in, garbage out. A manipulative hypnotist can plant garbage suggestions "you feel hungry," "you feel attracted to me," "you feel compelled to buy" and the unconscious will comply if the suggestion fits the context.
Coercive practices: High-pressure tactics, emotional manipulation, conditional support, and creating dependency on the hypnotist. The Rogue Hypnotist observed that some therapists want clients to get "hooked on the process of change" continuing sessions indefinitely rather than achieving lasting results. The ethical therapist gives the client tools for independence.

Hypnosis in Advertising and Politics

Hypnosis operates continuously in advertising and politics. Tyrrell's list: - Politicians use abstract hypnotic words like "positive change," "values," "principles" forcing people into internal trance to search for meaning, since no concrete definition is given. - Advertisers use emotionally arousing imagery paired with simple commands ("Feel the joy. Buy now."). - Political

speeches use cadence, repetition, and abstract nouns to induce receptive trance in crowds, similar to the techniques used at rallies.
The Nazis studied hypnosis after Hitler was cured by a hypnotist of hysterical blindness. The suggestion that he was special, had great personal powers, and could cure his blindness acted as a posthypnotic suggestion. Hitler later induced receptive trance states in vast crowds using emotionally arousing abstract words, repetition, and stylized arm levitation (the Nazi salute).
Hypnosis in media: television induces trance through pacing, rhythmic editing, emotional imagery, and continuous attention-holding. You watch a two-hour drama and "lose time." That is hypnosis. Advertising works because while you are hypnotized by the show, the commercials' suggestions "you want this car," "this drink tastes cool," "you need this product" enter your mind through a narrowed attention channel with reduced critical analysis.

Cultural Hypnosis

The Rogue Hypnotist described "Cultural Hypnosis" the continuous, low-level hypnosis we absorb from our society: expectations of how to behave, what to desire, when to feel happy, which lifestyles are successful, what counts as beauty. Movies, news, social media, schools, and families all teach hypnosis continuously. The ethical hypnotist helps the subject become aware of their cultural hypnosis and choose which patterns to keep and which to release.

Erotic Hypnosis

Hypnotic seduction uses language patterns, pacing, and indirect suggestion to generate attraction and desire. George Hutton's *Hypnotic Seduction* documented the core principle: the subject must feel that attraction was her idea, not the hypnotist's imposition. If she suspects manipulation, the effect is lost. The patterns work by building desire through embedded suggestion, narrative structure, emotional escalation, and plausible deniability.
The dangers of erotic hypnosis: overstepping boundaries, suggesting actions the subject hasn't consented to, or leaving the subject emotionally confused afterward. The ethical hypnotist of seduction debriefs the subject, clarifies that nothing "forced" happened, and leaves them feeling good about the experience.

Conditioning

Hypnosis is learning, and learning involves the REM state. Every hypnotist conditions their subjects linking one stimulus to one response. A clinical hypnotist links "deep breath equals calm." A stage hypnotist links "snap of fingers means sleep." An advertiser links "this color equals trust."
Conditioning can be benign or harmful depending on what is installed. The Rogue Hypnotist's client who quit smoking after one session: the hypnotist re-associated existing neural pathways for non-smoking and made them available in new trigger contexts. A manipulative hypnotist might condition

a subject to feel "drawn to buy" every time they hear a specific word. A cult might condition members to feel "trance-like devotion" at the sound of a chant.

The ethical rule of conditioning: keep suggestions useful, time-limited, and subject-controlled. A posthypnotic suggestion that lasts forever and compels automatic action is powerful but risky. A suggestion that lasts for a week and empowers the subject is powerful and safe.

PART IV: COMMON SENSE

The Hypnotist's Practical Wisdom

Common sense in hypnosis includes rules that experienced practitioners develop intuitively and that textbooks can only approximate.

Rule 1: Test your work. Erickson said: "Don't just hypnotize convince." Arm levitation, hand catalepsy, finger fusion these are not tricks. They are evidence that trance is occurring. If you induce trance but never test for it, you don't know if it happened. Anthony Jacquin wrote: the first phenomena he went for in street hypnosis was typically unconscious movements arm levitation, catalepsy because once the subject experienced involuntariness, the rest followed naturally.

Rule 2: Know when not to hypnotize. Not every person, not every time, not every place is suitable for hypnosis. A subject who is drunk, highly agitated, in physical pain, or distracted is not a good candidate. A room that is too loud, too bright, or too cold is not a good environment. A subject who says "I don't want to be hypnotized" is not a good subject unless they are persuaded by a compelling reason to try.

Rule 3: Don't overdo it. The Rogue Hypnotist warned against the quacks who want clients hooked on the process. More sessions do not equal better results. The best therapy is brief. The best stage show ends while laughter is still high. The best street demonstration is followed by a clear awakening and a warm goodbye. Leave the subject wanting more, not feeling used.

Rule 4: Use silence. The ability to pause, to let suggestion settle, to watch for response these are hypnotic skills that no script can teach. Tyrrell: "When people go into a deep trance, they often have no memory of what the therapist said. That is not to say that they didn't register it, but they cannot consciously recall it." Silence after a suggestion gives the unconscious mind time to process it. The ethical hypnotist respects this process and does not rush.

Rule 5: Match the subject. Every person is different. Some respond to slow, soft voices. Some respond to quick, animated ones. Some need direct suggestions. Some need metaphors. The ethical hypnotist adapts. The Rogue Hypnotist: "People are not statistics. Hypnosis treats the unique individual."

Rule 6: Always return them safely. Before every session, know how you will bring the subject back. Count up. Suggest alertness. Check orientation by asking name, date, where they are. Watch for grogginess, confusion, dizziness. Give time. Offer water. Never let a subject leave immediately after deep trance the transition matters.

Rule 7: Debrief. The ethical debrief explains what happened in simple terms. "I suggested your breathing would slow. You noticed it around half way through. I suggested you would feel calm afterward. You did." This reinforces learning, reduces confusion, and builds trust for the next session.

Rule 8: Keep learning. Every author in the source material agreed: hypnosis is a life's study. Bruce Elham's observation: after a few hundred sessions, the hypnotist realizes every subject is genuinely unique. New techniques, new insights, new ways of phrasing old ideas they never stop emerging. The ethical hypnotist stays curious, stays humble, and stays skilled.

PART V: THE ETHICS CHECKLIST

Before every session, the responsible hypnotist asks:

1. **Is this person a good subject?** (Alert, willing, comfortable, in a suitable environment.)
2. **What is the goal?** (Clear, measurable, appropriate for hypnosis.)
3. **What might go wrong?** (Headache, anxiety, confusion, abreaction, standing subject falling.)
4. **How will I know it worked?** (Observable response, self-report, follow-up measurement.)
5. **How will I bring them back?** (Count-up script, awakening suggestion, orientation check.)
6. **What will I say after?** (Debrief, reinforcement, posthypnotic cues if warranted.)
7. **Have I kept the promise?** (Did I do what I said I would? Did the subject benefit? Am I honest about outcomes?)

SUMMARY

This chapter covered safety, ethics, and common sense in hypnosis in extreme detail. Safety section covered adverse effects in experimental settings (Hilgard's 8.5% to 31% incidence; Page and Handley's 38.1% with high susceptibility amplification), clinical settings (psychosis precipitation, abreaction, over-dependence, delayed trauma), stage settings (stupor, amnesia lasting days, physical injury, Sudden Death Syndrome in an electric phobia subject), street settings (falling during instant induction), and self-hypnosis (deep trance while driving, grogginess). Ethical section covered informed consent (transparency, voluntary participation, right to withdraw), respecting autonomy (all hypnosis is self-hypnosis; the subject accepts or rejects), integrity of the hypnotist (sincere intent, competence, ego awareness, professional standards), confidentiality, stage ethics (dignity, safety, variety, mass awakening, post-show rapport), and the dark side (misuse for manipulation, gaslighting, emotional blackmail, false urgency, conditioning, cultural hypnosis, advertising and political hypnosis, erotic hypnosis). Common sense section covered eight practical rules: test your work, know when not to hypnotize, don't overdo it, use silence, match the subject, always return safely, debrief, and keep learning. Every major ethical hypnotist agrees on the same conclusion: hypnosis is a powerful process that can do harm as well as good and the difference lies in the safety practices, ethical standards, and practical judgment of the person wielding it. Hypnosis is not magic. It is focused attention meeting suggestion. And like any tool, whether it builds or breaks depends on the hand that holds it.

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